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EDITORIAL COMMENT

PLANS FOR CENTRAL HEADQUARTERS

Almost from the beginning of our organization life, the need for central headquarters has been talked of, first by one group of members, and then by another, but there has never seemed to be a time to begin when all the conditions were favorable.

At a meeting in October last of the joint boards of directors of our three national organizations, Miss Noyes was authorized to appoint a committee to consider ways and means by which the organizations could take over the management of the Bureau of Information, established at Red Cross Headquarters in New York as a war emergency. This committee submitted a report at the directors' meeting in January, which provides for central headquarters in New York City for the American Nurses' Association, the League and the Public Health Nurses' Association, in coöperation with the Bureau of Nursing of the Red Cross, the bureau of information being only one of a number of activities to be embodied in the plan.

This report, an abridged copy of which is found in this *Journal*, has been submitted to the directors of all the state associations with the request that delegates sent to the Atlanta Convention shall be ready to discuss and if possible to vote, either for or against this plan. The committee's report carries with it an annual budget of approximately $19,000.00, but does not state how this amount of money is to be raised. It is understood, however, that the Red Cross would continue to meet some portion of the maintenance of the Bureau of Information.

There is much to be said in support of the scheme as devised. There is no question but that there is, as we are now working, great duplication in the work of the three organizations, both of personnel and of money. New York is one of the great nursing centers of the country, perhaps the greatest in numbers, both of training schools and of individual nurses. The Public Health Nurses' Association already has its headquarters there, and the Red Cross Bureau of

Information would only need to change its street address, its value having been demonstrated fully to thousands of nurses returning from overseas, and to hospitals and organizations needing nurses for every kind of position.

The plan was drawn by Miss M. A. Nutting, Chairman, Department of Nursing and Health, Teachers College, New York City; Elsie M. Lawler, Mary S. Gardner, Katharine Tucker, Minnie H. Ahrens and Clara D. Noyes, ex-officio.

While the majority of the joint boards of directors are in favor of this plan, there was some objection from those who see in it certain features that would seem to threaten our professional liberty in the long future, such as might be the case if we were to become affiliated with any organization larger and more influential than our own, and who for that reason see in coöperation with the Red Cross, in establishing central headquarters, a certain danger, not because of objection to the Red Cross itself, more than to any other dominating society.

Another objection was that there would not be sufficient time for consideration of the plan by the state associations before the Atlanta meetings and that we have no funds on hand for such an enterprise.

As we see this matter, central headquarters, to be a success must have the backing and coöperation of the nurses of all the states, as well as their financial support. It must be located *where the great majority of the nurses want it.* There is much to be said in favor of New York, and one of the suggestions made in the plan is, that having established headquarters there, we shall immediately begin decentralization, following the lines of the organization of the Red Cross, with branch offices at a number of points over the country. Apart from the question of expense, the establishment of such headquarters, with branches, would be a very simple matter. Is there any way by which headquarters and branches can be made self supporting? Would we not be losing some of our professional freedom by entering into partnership with any overshadowing organization for the sake of its financial aid? Already the Red Cross, since the war, has become the largest employer of nurses in the world. Let us not forget the wise old saying that "the man who pays the piper has the right to call the tune." This is not a matter to get excited over. It is a matter for the majority to settle, only let every one understand the plan, and be prepared to vote on it intelligently at the meeting in Atlanta.

It is perfectly possible to work out a scheme for central headquarters on a more simple basis than that proposed, but it will be not a vanishing expense, but a constantly increasing one, and will

call for either a definite tax upon all the states, which will mean all the members, or the acceptance of financial aid from outside sources. We have passed the time when we expect our members to give their services for nothing, or even for a modest pittance, as was done by the earlier group when some big proposition had to be put over. If we ask certain of our members to give up lucrative positions to carry on the work at these central points, we must be prepared to pay them, and salaries, as well as office rents, have to be met month by month.

Our two most important projects began in a very small way. The Department of Nursing and Health at Columbia was maintained during its first years by personal contributions from members of the League, and later the A. N. A. joined forces with the League for this purpose, until the work attracted so much attention that the department was liberally endowed. The *Journal* was established by contributions, or we might say loans, from a small group of nurses who gave the use of their money for ten years without interest, and until this year, the 20th, the *Journal* has received a great deal of gratuitous service in one way or another.

If we have a sufficient number of members who are ready to assume the financial backing of Central Headquarters, with such help as the states will give, then let us by all means go ahead. We need branches at several points in the country, and we need them now, but let us keep in mind that the affairs of every profession are managed from within its own ranks.

Further details of the plan will be given in all its bearings at the Atlanta convention.

The Journal Table at the Atlanta Convention

This year our book table at the Atlanta convention will be managed in a somewhat different manner than formerly, and we hope with less confusion. Each publisher's books will be grouped together and placarded, and we will have printed lists of books, under subjects, for distribution to the members present, so that a superintendent, for instance, wanting to see the books on dietetics, will find under that heading the names, not only of the books, but of the publishers in whose group they will be found.

Florence Nightingale Centennial

Newspaper publicity has already been given to the arrangements being made by the National Organization for Public Health Nursing and other groups for the celebration of the Florence Nightingale centennial. An outline for a series of tableaux portraying events in the life of Florence Nightingale has been arranged in such a way that amateurs can easily produce them.

The newly organized Central Council for Nursing Education in Chicago has offered a prize of $500.00 for the best three-act play by an American author, based on incidents in the life of Florence Nightingale. Any one of our readers wishing further information may write to the headquarters of the National Organization for Public Health Nursing at 156 Fifth Avenue, New York City.

Letters of Recommendation of Little Value

It seems incredible that in this enlightened age a woman, not a nurse, should be able, again and again, to pass herself off on hospital boards and others as a reputable graduate nurse and hospital administrator of experience, but such a case has just now been called to our attention. We were reminded of something that happened in our younger days, when making application for a hospital position and showing with great pride a number of autographed letters from distinguished people which we had felt sure would be guaranty enough of our responsibility. The gentleman (the late Dr. John S. Billings), after glancing casually at the signatures, handed them back and said, "I don't care anything about letters. Formal letters have no value. Anybody can get them. What I want you to do is to give me the names of a number of people who have known you for some time in different ways and under different conditions, and let me make my own investigation." We have found this advice invaluable as we have come down the years, and never trust to written credentials that are handed to us by unknown applicants. Like Dr. Billings we have come to realize that "anybody can get them." We know that it is a very difficult matter to refuse to give them. Hospitals in need of people to fill important executive positions should make very thorough investigation, not only of the capabilities, but of the moral status of any one applying for such positions.

War Nurses, Attention

Under the new amendments to the War Risk Insurance Act which became a law on December 24, 1919, nurses as well as ex-service men, are provided with more liberal benefits. The insurance that has been allowed to lapse may be reinstated within eighteen months after the date of discharge. Applications for blanks should be made to the War Risk Insurance Bureau, Washington, D. C., giving name and address, with date of discharge from the service.

The United States Public Health Service is now operating forty-three hospitals for the care of discharged, disabled soldiers, sailors, marines, and war nurses, and we understand that many hundred nurses who were more or less disabled as a result of war service are being cared for by some one of the government department hospitals

or the Red Cross. In all over 10,000 ex-service men and nurses are being treated in this way.

The Atlanta Convention

During the week from April 12th, through the 17th, our three national organizations will convene in Atlanta, Georgia. This will be the twenty-fifth meeting of the League; the seventh of the National Organization for Public Health Nursing; and the twenty-second of the American Nurses' Association. But although this is the twenty-second convention of the last named, it is its first biennial meeting, as its conventions now come biennially, instead of annually.

The American Nurses' Association met last in 1918, in Cleveland; it will not meet again until 1922, in some place to be determined,—and it may be interesting to our readers to know that all invitations for 1922, to the present time, have been from western states,—Washington, Minnesota, and Wisconsin.

As there is now so long an interval between conventions, and as the meetings are always full of interest and inspiration, and as matters of great importance to the whole profession are to be discussed, we urge every nurse who can possibly do so to attend the convention at Atlanta. The programme of each organization will be found in our news columns. If there are subjects of interest that are not represented there, nurses are urged to hand in requests for round tables, which will be arranged whenever possible, in response to a definite request.

The meetings are so timed that the weather will not be too warm for enjoyment, the southern nurses are ready to extend every hospitality, and there is always inspiration for better work after such a gathering.

The Memorial Fund

Our last plea for the Bordeaux Fund, before closing our pages on the 15th, is taken from communications received from our readers.

As the Nightingale Memorial Fund campaign comes to a close, with less than half the desired amount subscribed, to those of us whose great privilege it was to be in France during and after the war, come memories of devastated cities and towns; of women working in the fields to take the places of the men who have gone on, or who, perforce, sit idly by; of little children whose very physical and mental lives were stunted beyond repair through years of untold suffering. We recollect those little groups of blinded soldiers who went about together, finding comradeship in similarity of affliction, and forgetting, in this comradeship, their sensitiveness to pitying eyes, which unseeing they feel. We remember in particular one blind

man who, in addition to his blindness, wore an empty left sleeve, on which was sewn that black band which told of the brother who had not lived through the struggle, and which marked a bond of sympathy with nearly every other French soldier we saw, and with those ever-present black robed women. We also recall a group of three men cheerfully stomping along the Champs Elysees, in Paris, with one human leg and five peg-legs between them, and the truth to tell, the one with the human leg kept a pace behind the others, who seemed to make better time than he.

The war is over, but have we forgotten that there is in France just one young man in twenty who has escaped death or bodily injury; and have we read reports of the thousands of soldiers in France who in 1919 succumbed to injuries received during the war, many of whom might have survived and lived useful lives had the nursing facilities of France been equal to the situation?

It comes as a great privilege to us, as Americans, who have scarcely felt the blight of war, to be allowed to contribute to an enterprise which, through the years, will stand as a constant memory and tribute to those of our number who crossed the seas, not to return again, and which will also through the years be a means of furnishing to France that sort of nursing service and education which represents our highest American ideals and which has heretofore been unknown there.

How to keep alive the splendid memories of those who died in our service is a question which the nurses of America are answering in their support of the Memorial Fund for the Florence Nightingale School of Nurses at Bordeaux, France.

Our energies and resources, you say, are needed to solve the terrific problems facing our profession here at home? France must build bridges and untangle barbed-wire as well as meet economic readjustment. She must also restore the exhausted strength of her population. Nurses can help bring back the national vitality by introducing the common laws of health. Already the gift of an estate has brought nearer to realization the ideal which inspired Dr. Hamilton in founding this training school at Bordeaux. Should not this great solitary pioneer work be supported?

True, our own training schools may be in need, also, of pupils, of instructors, of equipment. France, however, has only this one institution on modern lines, where half the students pay their board to obtain the privilege of entering our profession. Is there not a purged international spirit among nurses all over the world which makes the forward steps of one national unit a gain for all?

With the coming of spring we shall commemorate the day when, one hundred years ago, Florence Nightingale was born in the high-walled rambling Villa Columbaia near the Porta Roma of the "City of Flowers." On sunny orchard slopes of France, May will also bring crocuses and daffodils to the well-ordered graves of over one hundred American nurses. Support of the Florence Nightingale Fund gives a two-fold opportunity,—to honor the memory of our own "heroic dead," and to repay in small part our debt to the Lady-in-Chief who said:

"Let each Founder train as many in her spirit as she can. Then the pupils will in their turn be Founders also."

"During the war I was stationed at a large base hospital near Bordeaux and I had the privilege of hearing Dr. Hamilton speak on the cause so dear to her heart. I also visited her little hospital in Bordeaux, a three-story corner building, very old, but oh so neat. Most of the nurses in training could speak English and all were from the best class of people. The curriculum is complete and the text books and note books are the best I have ever seen. If I remember rightly, the hospital contains about sixty beds, and has an out-patient department conducted by one of the graduates, also a school and visiting nurse. Dr. Hamilton will be so proud of her new school and France needs something like this to awaken her to her great need of trained nurses."

The Interstate Secretary

The Interstate Secretary has spent all of February in Massachusetts, where she had engagements to speak in many places. On account of the storms which have been prevalent there, it has been impossible for her to go to all the towns planned for, and her first week of March will be spent in Massachusetts, after which she will go to New Hampshire to be present at the state meeting, and will spend the last half of the month in Connecticut.

She will turn west after the Atlanta meetings, going first to North Dakota, then into Illinois and Kansas. She will finish her year on July 31st, and unless the treasuries of the League, the A. N. A. and the JOURNAL have been miraculously filled before that date, her services will then have to be discontinued.

Cities lying along the route, or adjoining states, are urged to avail themselves of the opportunity to hear Miss Eldredge before it is too late.

NURSES' SHOES

By E. H. Bradford, M.D.
Boston, Mass.

Although the nurse needs a proper shoe no less than does the soldier, comparatively little organized effort has been made to furnish suitable footwear for her. The result is often unfortunate in causing discomfort to the nurse and limiting the efficiency of her service through unnecessary and avoidable fatigue.

The statistics of the selective service in the last war brought out the mortifying fact that one in twenty of our healthy young men were disqualified from service on account of foot disabilities. That this should have been the case among the young and active, suggests a much greater proportion of partly disabled individuals in the rest of the community.

Fortunately, experience has shown that these disabilities are largely remediable and preventable if proper precautions and care are taken in selecting footwear fitted for the occupation and needs of the wearer. Every one knows that it is necessary to discard the shoe that pinches, while working, but many do not realize that it is even more important to avoid the shoe which weakens. The evil result of ignoring this fact is often gradual in its development, and the sufferer is unaware of his or her disability, of its cause, and of the proper remedy.

It must be borne in mind that the shoe should not be fitted to the fleshy contour of the foot, but to the structure of the articulated bones, and should be able to accommodate itself to the natural function and action of the foot and its various articulations.

The foot is wonderfully constructed to adapt itself to different strains incident to the movements of activity and to the effort of weight bearing. This strain changes with the different positions in which the body is placed. The runner, the weight bearer, the athlete, the active walker, the individual accustomed to a leisurely gait, the dancer, all bring constant strain on the muscles and ligaments of the feet in different ways. From this it is evident that the lady, whose chief effort is in stepping from and into her motor car, can be comfortable in different shoes from those required by the nurse or the active housekeeper; who, again, need different shoes than are necessary for those active in movement over uneven ground and in heavy toil.

In the standing position, the weight falls chiefly upon the heel, but when the body is inclined slightly forward, the front of the foot

is needed to give steadiness. Where but little weight comes upon the foot, the strain on the front of the foot is slight, but for lifting, or active movements in a position reaching forward, more support is necessary from the forward part of the foot. This is furnished normally by the spreading of the front of the foot, and in case of heavy lifting, by the pressure of the toes, especially the great toe, upon the ground or floor. The front of the foot is also needed in ascending or descending long flights of stairs. These activities are all required of a nurse in active work, and for their performance, free play in the joints of the feet is required, and also the normal strength not only of the leg muscles, but also of those in the sole of the foot and those governing the spreading of the foot and the movement of the toes.

It will be easily seen that footwear shaped so as to limit the normal action of the various parts of the foot not only hampers such action, but weakens the muscles by depriving them of their normal activity.

It is often supposed that the foot, if bound or tightly laced, can be made capable of more efficient service. Although this may be true for a short time in disabled feet, it is manifest that any foot binding is ultimately injurious. It is for this reason that closely fitted shoes and bandages are to be avoided. The use of arch supporters and similar contrivances are merely like crutches,—the expedients of the disabled.

It is, of course, supposed that only able-bodied and healthy women can regard themselves as qualified to undertake nursing. The experience of the late war has demonstrated clearly that the ordinary foot disabilities can be overcome by suitable gymnastic treatment. Any nurse, therefore, finding herself suffering from weak feet can, by proper treatment, be brought to a state of capable service if she is properly advised as to proper shoes and as to the necessary measures to be taken to strengthen the foot and leg muscles, and to correct faulty foot attitudes which she may have acquired.

From the foregoing it is evident that the nurse's shoe should allow free toe action and a suitable spread of the front of the foot. For this it is necessary that the inner line of the shoe should be straight, that the shoe should not be pointed, and that the upper should be full, avoiding binding the toes down too tightly, or crowding them together, permitting normal movements of the toes. It is also necessary that the tread of the shoe should be sufficiently broad, and that the shank of the shoe should not be so narrow or so highly arched as to prevent the ball of the great toe from having the ability to furnish a firm base of support, when the weight of the body falls upon

the inner side of the foot. The heel of the shoe should be broad and low, giving a firm and not an uncertain basis of support when weight falls upon it.

One fact is constantly overlooked by last makers and shoe dealers, especially in fashioning women's shoes, viz., that in the strong position of the foot, (where the body weight falls directly over, or slightly to the outside, the mid line of the foot) the inner side of the foot is much higher than the outer. In the majority of women's shoes, however, the lasts are made with the inner side of the front of the shoe on nearly the same plane as the outer. The shoe is flattened quite far back towards the instep. The wearer of such a shoe, the upper of which is firmly fastened to the sole, in order to adapt herself with comfort to the shoe, is obliged to assume a more or less splayfooted attitude. In other words, the ankle falls inward and downward, the inner arch is lowered and, if weight falls upon the foot, undue strain comes upon the inner and under side of the arch of the foot.

In extreme cases, irritation of the foot ligaments results, which may develop eventually rigid and painful flatfoot, but where this does not follow the habit of a faulty attitude, the weak position becomes established, and the foot efficiency of the individual is thereby impaired.

The manufacturer's reason for shaping shoes in this manner is that the lasts so fashioned furnish a shoe less likely to give, after long wear, ugly and unstylish wrinkles of the upper. The foot is sacrificed to the style of the shoe. Various measures have been advised to meet this difficulty, which is not overcome simply by making the front of the shoe broad as well as flat. It is necessary that free play should be given to the strong bone on the inner side of the foot, (the first metatarsal), the chief truss to the inner arch. If this bone does not give adequate support, the ankle drops inward and downward, and the foot is in a weakened position. This defect in the shape of ordinary shoes is recognised in the manufacture of many athletic shoes, for baseball and football players, and skaters, and in some gymnasium shoes.

In designing shoes for nurses, however, the need of a neat appearance of the shoe must be recognised. It is impossible to ignore the importance of custom and style. Shoes have long since passed the stage of simple foot covering, and have become a part of costume and fashion which cannot be entirely disregarded. As an illustration of this fact, two instances can be mentioned. A lady of heavy frame consulted a physician for foot disability. The condition was evidently due to improper shoes, which threw her feet out of line. As her life was an active one, she desired to be free from foot fatigue.

The use of suitable shoes was advised but was regarded by the lady as impossible from the fact that she was an active platform speaker for the Woman's Suffrage cause, and a disregard of stylish appearance in costume would, she thought, weaken her influence as a speaker. Another similar instance can be mentioned. An energetic lady in charge of a physical culture gymnasium wished advice as to the proper footwear for the gymnastic class of young lady pupils, students for teaching positions in girls' gymnasiums. When advised the use of moccasins, she objected on the ground that her pupils needed stylish slippers and would be unwilling to accept other footwear.

Any one familiar with the various styles of shoes, as well as the disabilities of the feet, is aware that ugly and unsightly shoes, "freak" or queerly constructed boots and shoes, are not necessary to give proper action and play to the muscles and bones of the feet. Shoes of excellent appearance, which do not in any way hamper the feet for any service required by a nurse, can easily be designed and made marketable. For this is needed the coöperative efforts of shoe manufacturers and heads of nurses' training schools and nurses' associations. A comprehensive consideration of the subject would supply the market with proper shoes, and would be of great assistance to those engaged in the nursing profession. If properly placed on the market they would undoubtedly be met by an adequate demand.

In brief, there is a need for a proper nurse's shoe, which should be neat in style, and which must not hamper the action of the nurse's foot.

MATERNITY CENTER WORK[1]

By Ann Stevens, R.N.

Director Maternity Center, New York City

It is not my purpose to go into the details of the history or the organization of the Maternity Center Association, but to give a bird's-eye view of the actual nursing work of the Association.

It may be remembered that at the suggestion of a committee of obstetricians, Manhattan was divided into ten zones, and it was planned to have Maternity Centers in each of these zones, each center to consist of an examining room for patients, a dressing room in order to assure privacy, and a waiting room made as nearly like a comfortable sitting room as possible, where there could be a continuous

[1] Read at a meeting of the New York State Nurses' Association, Brooklyn, October, 1919.

exhibit of a model baby's bed, a layette, a toilet tray, and a properly made mother's bed, prepared for delivery. Around the Center was to be developed an educational campaign to teach all members of the community the need for and value of adequate maternity protection.

This work was to be financed and directed by a voluntary organization of citizens called the Maternity Center Association, formed for the purpose of securing medical and nursing supervision for all pregnant mothers in Manhattan, by coördinating the work of all existing agencies and filling in the gaps, with the view toward reducing maternal deaths and illnesses due to child bearing, and the deaths of infants within the first month of life. The voluntary organization was to continue its work only until a demonstration had been completed, so convincing as to warrant the government's taking over the work with the surety that public moneys would be appropriated for its proper support.

New district development.—When a nurse begins work in a new district, she first learns every facility for maternity care which that district offers. She then visits every organization whose workers might come in contact with pregnant mothers of that district. By every organization, I mean, of course, settlement houses, church clubs, district offices of Relief Organizations, schools, dispensaries or clinics, and all nurses, such as school nurses, baby health station nurses, visiting nurses, etc. To these workers she explains the need for supervision throughout pregnancy, and asks that they refer all pregnant mothers with whom they come in contact, to the maternity center, either by sending the patient directly to the nurse during office hours, or by sending the patient's name and address to the nurse, who will then call on the patient.

Effort to reach every pregnant mother.—With patients referred in this way as a nucleus, the nurse begins work in the district, and while visiting these patients, she canvasses for others. She asks her patients about other pregnant mothers, she asks the janitresses of the tenements; in short, she leaves no stone unturned in her effort to learn of every pregnant mother in her district.

Groups of patients.—On the first visit she makes to these patients, they automatically divide themselves into four groups: 1, Those who have made no arrangement for care at time of delivery; 2, Those who have engaged a private physician; 3, Those who have engaged a private midwife; 4, Those who have registered with a hospital.

Group 1.—The patient who has made no arrangements for care is, of course, the greatest responsibility. The nurse aims to have that patient undergo a complete physical examination by a physician, and she tries to learn all she can of the environment of the patient,

so as to be able to advise her as to the best arrangement for her care at time of delivery. The method the nurse uses to accomplish this aim differs with practically every patient. One of the first fundamentals is gaining the confidence of the patient, then teaching her the need of supervision throughout pregnancy.

She may invite one patient to see the exhibit at the Center or to get help in making the baby clothes, as the best way to get her confidence, while interest in some home problem may reach the next patient, or several friendly visits where doctor or actual nursing are not even mentioned, may be the preliminary work with another, or she may find it possible to begin with a nursing visit and have the patient come to the Center for the next doctor's clinic.

On this first visit the nurse meets with all degrees of receptions, from the patient who says, "I have always had a midwife and never had no trouble, and I don't want a nurse coming to see me," to the patient who considers the nurse's visit a real God-send, and who is anxious to do everything asked. These are extremes, and the latter degree of reception is decidedly less frequent than the former.

Although we consider that, for ideal supervision, an examination by a doctor as early as possible in pregnancy and frequent return visits to the doctor and nurse are necessary,—when the patient fails to coöperate to the extent of having a doctor's examination, we deem the next best thing is to continue to visit that patient at regular intervals so that she may at least have the nurse's supervision.

At the present time the patients are seen once in two weeks up to their seventh month of pregnancy, and once a week after the seventh month. On each of these visits the nurse follows as much of a definite nursing routine as the patient allows. This routine includes analysis of the urine, listening to the foetal heart, asking the patient about, or looking for, all signs and symptoms which are called the danger signals in pregnancy, and giving advice about diet, hygiene, exercise, etc.

During all this nursing supervision, the nurse works with every other organization toward the solution of any problems she finds in that home, for she considers not only the physical condition of the patient, but her peace of mind equally her responsibility.

During this time she also teaches the patient as much as she can about the preparation for her baby, and its care after birth. All this nursing supervision is given by a combination of visits to the patient in her home, and visits which the patient makes to the nurse during her office hours at the Center. The basis for decision as to whether the nurse will visit the patient, or the patient will visit the nurse, is first of all the attitude of the patient, (she never asks a patient to

come to the Center until she feels she has gained her confidence), and then the convenience of the patient (she never asks a patient to come to the Center if she knows that visit would work a real hardship on the patient, either because she is not physically fit, or because she can't leave her children).

If after promising to come to the Center, the patient fails to come, the nurse visits her in her home. Advantages of the patient's coming to the Center are obvious. The patient gets more complete supervision, because blood pressure can be taken at the Center. The nurses do not carry blood pressure apparatus in their bags. Also, one nurse can care for more patients in a given time if the patients do the traveling; the patient sees the exhibit, meets other patients, and gets away from her own environment.

The next responsibility of the nurse in the care of these patients is to advise about the arrangement for care at the time of delivery. The advice is based on the physical condition, as learned by the doctor in his examination, whenever the patient has had one, and the environment in which the woman lives. For instance, if we considered only the physical condition of the patient, we might urge hospital care as the best care from the obstetrician's standpoint, but if we find that by leaving her home, it will become disorganized, we modify our advice to that patient to fit in with her individual home problems. In the same way, if an abnormality arises during pregnancy which, from the clinic obstetrician's point of view, should mean hospital care, and if the home condition would make hospital care unwise, or if the patient should refuse to go to the hospital, the nurse persuades the patient to engage a private doctor, and then either refers her to the Visiting Nurses' Service of the Henry Street Settlement, or makes daily visits herself. Many cases of albuminuria which the clinic doctor felt could only be handled in the hospital have been successfully cared for in this way.

If there is no home problem to be considered, it is usual to advise hospital care for primiparae, and for all patients who develop abnormalities and all patients with a history of former difficult labors or abnormalities.

If the patient wants to be delivered at home by a private doctor, the nurse advises her to engage a doctor as early in pregnancy as possible, and makes sure that the patient understands about the Visiting Nurses' Service of the Henry Street Settlement, telling her of the cost of such service, and going over it with her in detail, in an effort to learn just what proportion of the cost the patient can pay. Then by communicating with the Settlement, the decision is passed on and accepted.

It is in the care of patients to be delivered at home that we meet probably our greatest problem, for it is here that we have to provide for some one to take the mother's place in the home while she stays in bed the necessary time after the baby is born, or while she gets some of the needed rest previous to delivery.

In the one district which is being financed by the Women's City Club, there is available a fund to provide so-called working housekeepers. These working housekeepers are paid about thirty cents an hour, a twenty-five cent lunch allowance, and carfare. This is paid from the fund, and the patient repays what part she can.

For this service the nurses have a list of women, usually the wives of skilled workers, whose own children are partly grown and who are anxious to do part time work in an effort to provide something extra for their children, such as music lessons, a season's gymnasium, phonograph records, etc. These women are, of course, good housekeepers, clean workers, and it is not infrequent that a woman who failed to keep her own house clean, shows marked improvement in the management of her home after she has watched the working housekeeper. We find so many instances of the mother who must do all her housework one or two days after the baby is born, that we feel our care before birth is almost useless unless we can develop some solution to this problem.

If the patient has made up her mind to engage a midwife for delivery, but has not really engaged that midwife, we, of course, do not advise her to do so. We try to steer the patient to either the part pay, or free, outdoor service of a hospital, when one exists, or to that service of the School for Midwives. Here again we meet the same tremendous need for someone to take care of the home while the mother stays in bed. This, to a large extent, is what the midwife does. She comes in to bathe the baby every day, and she does, after a fashion, perform certain household duties.

We find it is not difficult to overcome the desire of the foreign born women to have a midwife, if we can offer a woman physician, or a nurse to accompany the doctor at the time of delivery. This latter is possible in the district where the Henry Street Settlement Nursing Service maintains a twenty-four hour service for attendance at deliveries in the homes. We find the question of household service is usually the point that decides the patient in favor of the midwife.

Even though there are hospital beds to take care of less than 30 per cent. of the women delivered in Manhattan each year, we have as yet found little difficulty in securing hospital care for those patients who most need that care.

Group 2.—If the patient has engaged a private physician, the

nurse gives the patient no treatment or advice, but sends a form letter from the Medical Board to the physician, asking permission to nurse his patient throughout pregnancy, and to report to him on each nursing visit. If he refuses her request to give the nursing care, she dismisses the case. I might say the proportion of physicians who refuse to have the nurse visit their patients is very small. Such patients never come to the doctors' clinic at the Centers, which clinic is maintained solely to give the medical supervision to the patients who would not otherwise get it, but nursing care is given these patients by the same combination of visits to the patient in her home, and patient's visits to the nurse at the Center, as has been outlined.

Group 3.—If the patient has engaged a midwife, the nurse personally visits the midwife. Form letters are impractical, as there are very few midwives who read English. The nurse then asks the midwife to send or bring the patient to the doctors' clinic at the Center, explaining that the midwife is taught to do deliveries, but she is not taught the examination of the heart and lungs, and how to estimate the general condition of the patient, and that now all good obstetricians realize that such an examination is very necessary for the welfare of the mother and the coming baby.

If upon this first examination the doctor finds any abnormality, he does not tell the patient; he either tells the midwife or the nurse explains to the midwife exactly what the doctor has found and points out to her that it is contrary to the regulations governing the practice of midwifery for her to handle that case. She asks the midwife to come to the patient with her, and discuss other arrangements for her care at the time of delivery.

If on this examination the physician finds no abnormality, the midwife is asked to allow the nurse to visit the patient at regular intervals, and to have the patient report to the doctors' clinic in accordance with his advice.

We find midwives are very suspicious of the nurses, and firmly insist that the nurses mean to take their patients away from them. There are a few midwives who speak English and get a clear idea of what the nurses are doing. These give no trouble, but those midwives who do not speak English, and who, even through an interpreter, do not seem to get a clear idea of the work the nurses are trying to do, agree with the nurses during their visits, then promptly tell the patients to have nothing to do with the nurses when they call.

Group 4.—If the patient is registered with a hospital, the nurse's further action depends upon the individual hospital. We have almost as many different working agreements as there are hospitals.

Some hospitals assume the entire nursing and medical supervision of patients as soon as they are registered. Others have not the physical capacity to conduct a sufficient number of clinics to do this, nor do they have visiting nurses to see the patients in their homes, and for that group of hospitals the Maternity Center nurse gives nursing care to the patient, on the same basis that she gives it to a private doctor's patient. The hospital resident assumes the medical supervision of the patient, and receives reports on each nursing visit, and the nurse in turn urges the patient to return to the hospital clinic in accordance with instructions received when she registered.

Some hospitals do not wait for the nurse to discover the patient, but report every day those patients registered at their clinics, and ask that the nurse assume responsibility for the nursing care of those patients.

Each patient whom the nurse has had under actual care up to the time of delivery, and any patient who will let us know when she leaves the hospital, or who is referred by the hospital when dismissed, is visited after delivery for post-natal follow up work. This means a visit to learn whether or not the mother can adapt her instructions in the care of the baby to the conditions in her own home. If not, the nurse teaches her. The importance of attendance at the baby health station, whenever a baby is not under the care of a private physician, is carefully discussed with the mothers and they are all urged to register the baby at the Baby Health Station. The existence of the baby is reported to the Station so that the nurses there may aid in our persuasion to have that baby's supervision continued.

The value of the birth certificate is also explained and discussed with the mother, and the nurse makes every possible effort to have a copy of the birth certificate in the hands of the mother before she dismisses the case. The need for post-partum examination for the mother, not later than six weeks after the birth of the baby, is also explained and urged. Those patients who were delivered in hospitals which provide post-partum examination for their patients, are urged to return to that hospital for that examination, and those patients who would not otherwise have a post-partum examination are urged to come to the Maternity Center doctors' clinics. When the patient has either had this examination or refuses to have it, and the nurse feels she cannot persuade her, the patient is dismissed.

The nurses are just beginning to give some group instructions to the mothers at the Centers. This group instruction is planned as follows: One week the nurse demonstrates to the group the handling of the baby, dressing and undressing, bathing, and explains the reason for making each piece of the layette in just the way it is made, and

the reason for including each article that is included on the toilet tray. She shows them how to make the swabs and boric solution for the mother's and baby's needs, in short, every detail in the daily care of the baby is gone over. The next week the same group of mothers returns, and the mothers demonstrate to the nurse. They actually dress and undress a baby, explain how to make a boric solution, how to prepare sterile water, how to give it to the baby, etc. Many of the mothers return several weeks in succession, and many a mother returns with her three weeks' old baby to make sure she has not forgotten any of the points which the nurse tried to teach her before the baby came.

Most of the mothers who come to these demonstrations are primiparae, and are eager to get all of the information they can from these two demonstrations. To avoid confusion in the minds of the mothers, a uniform method for this teaching has been adopted by all nurses who teach mothers the care of babies.

All agencies doing this district pre-natal nursing have adopted a uniform standard of work, a uniform routine, and are using the same tabulated record form. Each nurse keeps her own record of every patient she sees, takes it into the home with her and passes it on, when she transfers the patient to another organization. A duplicate record is filed in a Central Record Office, kept up to date by the daily reports the nurses send to that office. The nurses of several coöperating agencies also send daily reports of their work to this central record office. Still other organizations do not send the daily reports, but send the finished record after the case is closed; thus providing for study of as great a number of uniform records as possible.

This Central Record Office is also a clearing house for maternity work, and prevents duplication.

THE NURSE AND HER RELATION TO PULMONARY TUBERCULOSIS

By M. P.

The war has brought with increasing significance to the nurse, as to the whole world, the problem of tuberculosis. What are we going to do about it? How are nurses, to whom the whole country looks as an important factor in this great problem, going to help?

How inadequate is our preparation for efficient service in this particular field. With the exception of those few who have had

special training in tuberculosis institutions, how little the average graduate nurse knows about the disease and its treatment. A few pages in a text book and a lecture or two from our instructor comprise our theoretical training, and for practical experience, we have the few cases that because of complications manage to get into our wards. Often it is with a feeling of relief that we see them go. How many nurses know that, although tuberculosis develops usually between the ages of eighteen and thirty, the infection in the great majority of cases is acquired during childhood; that if the nurse has properly instructed her patient, and if she herself observes ordinary precaution, there is less danger of contracting tuberculosis than almost any other infectious disease?

A wholesome fear of tuberculosis, as of any other disease, is necessary to successfully combat it. But for the unreasoning, unenlightened fear that is prevalent not only among the laity, we must substitute an understanding of when and why to be afraid.

It is the popular belief that a tuberculous person is a constant source of infection to his associates. This is not true. A diagnosis of tuberculosis is not dependent upon laboratory findings. In fact, the bacilli are hardly ever excreted during the first stages of development. The terms incipient and advanced are applied to the extent of envolvement, rather than to the duration of the disease, but even an advanced case whose sputum is full of bacilli, need not be isolated from the family except to have a separate bed, if he is educated to take the following precautions: Tightly cover the mouth and nose when coughing or sneezing, with an old cloth that can be burned; all expectoration must be placed in a receptacle that can be burned, and also anything having come in contact with the mouth, such as fruit stones or tooth picks. A separate bowl should be used for washing, and the teeth must not be cleaned over the family bowl, or in the bath tub, but over the closet seat. The tubercle bacilli are killed at 140°F. so the dishes need not be kept separate, if washed with hot soap suds and rinsed with plenty of boiling—not merely hot—water. However, if there is any doubt as to the thoroughness of the dishwashing process, the dishes should be kept separate. Of course one having positive sputum should never indulge in kissing, or in handling children. The above applies to the conscientious, properly instructed patient. The careless or ignorant patient with bacilli in the sputum is a real menace to his associates.

I believe that many graduate nurses have no idea of the modern treatment of tuberculosis, and the doctors fail to explain the meaning in each particular case of rest, food, and fresh air, the three cardinal principles in the treatment of tuberculosis. The busy

farmer may interpret rest as simply a change of activities. Jaunting over the country in the new Ford, to him, may mean rest and fresh air; while the institutional nurse, given the same prescription, will perhaps go to her home on the farm where she will make flower gardens or take daily tramps into the woods.

The rest treatment of tuberculosis is quite different from the above conceptions, but to understand more fully its importance in the early stages of the disease, an understanding of the tissue changes that take place in the healing process is necessary. The body possesses the power to defend itself against its enemies; our tissues react to irritation forming a more or less complete resistance. The hard, horny hands of a farmer are a result of the body's effort to protect the hands from injury, as is also the increased leukocytosis in certain infections. The same protective effort takes place in the lungs in the presence of tubercle bacilli. Wherever the spot of infection occurs throughout the lung, the tissues begin to throw leukocytes around the bacilli to wall it off; the resulting change in the lung, this tiny protuberance, is called a tubercle. The germs that are being imprisoned are constantly attempting to escape by poisoning the wall or by embedding themselves in a cell and passing through the wall; this frequently happens but when "the body is gaining the ascendency, lime salts (calcium) are deposited in the tubercle and form, so to speak, its gravestone." Brown.

(*To be continued*)

EXIT—ALCOHOLIC WARDS

By Ernest F. Hoyer

Graduate McLean Hospital; Postgraduate, Bellevue, N. Y.; Nurse, American Red Cross

Now that John Barleycorn is dying a lingering but sure death, we can bid good-bye, I hope forever, to the many alcoholic wards scattered all over the dear old U. S. A. One of the most famous, that has been used as background both in fiction as well as on the stage (I do not remember ever having seen it filmed) was Ward 30 in Bellevue Hospital, New York City, and we hear the gratifying news that gradually the floating population of Ward 30 is forcing itself towards the final climax, i. e., the turning over of the space to more congenial, less gruesome purposes.

I have called Bellevue Hospital, in an article written some time ago, "the house of a thousand sorrows," but I forgot the alcoholic ward. Surely Ward 30 should have been named as the French call their Salpetiere, *le rire du diable*, (the laughter of the devil).

If there is anything degrading and creative of misery, it is the curse of drink. Those poor unfortunates who lose entirely their self control and will power, pay the piper with their wretched assistance. Anybody who ever saw the Bowery mission, the bread line, and Ward 30, on a raw, rainy winter's night cannot deny that it is a side line to Dante's Inferno.

I well remember that, coming on duty in the alcoholic ward at Bellevue, the first sight to greet one was over a dozen delirium tremens cases, securely tied down with sheets, safe yet human. All stark, raving mad; singing, cursing, laughing, crying; deploring their fate or revelling in having, apparently, a good time. From that room we came to another ward-section, divided by the shower bath and surgery. Here the patients were bed-patients, either surgical or medical, mostly fractures and alcoholic pneumonia. The "up and about" patients had to stay in the first room with the noisy bed-patients.

I have seen more than seventy admitted in one day. Banner days, such as election, New Year's, and Fourth of July, brought even more, but there was seldom a day when there was not enough room to put all to bed. Thirty or more bed-springs were brought in at about six p. m., and after the roll-call the patients were designated their sleeping places—spring on spring, not always a pillow, but always two blankets. Imagine being weary, sore in soul and body and, of course, sick, then sleeping in an overcrowded room, bed on bed, with the raving of the D. T. cases ringing in the ears the greater part of the night. It must have been an awful awakening the next morning, when the fog of the mind gradually melted away, sobering up, the poor, misused body aching, and realizing where they were.

I have seen ex-judges, lawyers, doctors, university professors, and clergymen brought in. How they must have hated themselves! There was a member of the Supreme Court, who speaks twelve languages fluently, a Frenchman by birth, a man widely known all over the metropolis who, for two years during the war, drove an ambulance between Paris and the Front without receiving a scratch. On returning, his friends, many prominent members of the bar, and also some well known actors, gave him a dinner at Sherry's, and on returning home, it being the night of a blizzard, he fell, causing a compound fracture of the fibia. He fainted and was found by a policeman who called an ambulance. The interne, on arriving, noticed an alcoholic smell, the remnants of the dinner, of course, bundled him into

the ambulance, and our friend woke up in the alcoholic ward of the Bellevue. This was, I am sorry to say, a mistake of the young, inexperienced interne, and all the entreaties of the poor man to communicate with his friends were answered with, "Wait until to-morrow morning." It must have been embarrassing when the visiting physician made his rounds and found his friend, whom he had helped to honor with a dinner the night before, in Ward 30. Of course, an immediate transfer to a surgical ward was made, and the next day a suite in a private hospital was provided, with all the comforts of home. This man told me that he thought he was in hell when he woke up for the first time in that bedlam.

But this was an exception. The rank and file of an alcoholic ward is, in reality, the scum—the flotsam of the city. The "weary Willies," the shiftless and homeless, in constant fear of the police and work. I crossed Madison Square once, with my wife, where all the candidates for Ward 30 roost. They knew me well. "Hello, Doc," was the cheery greeting, and my wife refused after that to cross the park again. My acquaintances were certainly rather embarrassing.

Ward 6, for the convalescent alcoholic, was not so bad, and it was here that anybody with a charitable heart could revel in doing little bits of kindness which God never forgets. After a patient was well enough, or steady enough, and the doctors were sure that he was over the climax of his jag, he was transferred, if he was too weak and emaciated, to Ward 6. Here he was given a clean suit of pajamas, stockings, bathrobe and leather slippers, was assigned to a real bed and, if he behaved himself, he was allowed the freedom of the balcony (fire escape), and even of the yard, where he could hang around a sunny corner. The diet was much better than in Ward 30. There was plenty of milk, chicken broth, and even ice-cream and custard. All had to be in bed by eight o'clock, and lived, really, the life of Riley, until the sad, sad day arrived when the doctor O. K.'d the man, and he had to go out again into the cold world and begin the battle of life all over again.

It was here that we could ease the life of our friendless, derelict brother man. We had the right to go to the "dead man's clothes room," a rather spacious basement where the raiments of uncalled demised were kept. We could always get a fairly decent complete outfit, including collar and tie. We also furnished shoe-polish and last, but not least, a card of introduction to the Municipal Lodging House, that would hold good under circumstances for one week, meaning free room and breakfast, and perhaps supper. This was a way to give a deserving man a real lift, and I know that a number found their bearings, among whom is a now famous writer of fiction. It

seems strange, but I have noticed over and over again that a clean collar, a tie and polished shoes, will elevate and invigorate a down and outer.

This is all, let us hope, history of the past; no more alcoholic wards, but it would seem unfair to close these lines without mentioning a nurse, who, if I remember rightly, was for over twenty years in charge of the alcoholic ward in the Bellevue Hospital—Miss C. She was one of those sweet, motherly women whom God meant to be a nurse. Always in good spirits, patient, yet firm and full of authority; I dare say she fully deserved the name of glorious calling, "Mother," among the class of unfortunates she served. There was not a soul discharged from her ward who did not get a friendly warning. Many times she patched up broken family ties; and a number of prodigal sons, who came to the city to sow their wild oats, can trace their eventual home-coming to her kind smile and earnest heart-to-heart talk.

If anybody ever should attempt to write the history of the Bellevue, Ward 30 would fill a chapter by itself, and so would Ward 44, the Prison Ward, but that's another story.

THE VALUE OF FRUIT IN INVALID DIET

By Alice Urquhart Fewell

Philadelphia, Pa.

Fresh fruits contain from 75 per cent. to 95 per cent. water, little or no fat or protein, and a large proportion of carbohydrate. The chief nourishment in fruit is derived from the carbohydrate. In ripe fruits this corbohydrate is in the form of various sugars and pectin, while in many fruits, in the unripe state, starch is found. Fruits contain various acids, and the flavor is partly due to oils and ethers present.

Fruits, when eaten fresh, are valuable for their acids and for the mineral matter which they contain. They also give bulk to the diet, which is an important factor. This is especially true of fruits which have been dried. Dried fruits also have a higher concentrated fuel value. The cooling, appetizing and refreshing qualities of fresh fruits give them an increased value in invalid diet.

Most fruits are at their best when served fresh and ripe in season. A few fruits cannot be eaten raw, and still others are more digestible when cooked. The digestibility of fruit is influenced by

idiosyncracies of different people. Some people can never eat strawberries or apples without suffering from indigestion, while others have no ill effects after eating these fruits. Oranges and peaches are among the fruits most easily digested by the majority of people. Peaches, plums and raspberries contain less sugar than most other fruits, and a knowledge of this fact may be useful to those living on a sugar restricted diet.

Nearly all fruits have a laxative effect. Apples act upon the liver and kidneys, and figs and prunes are both valuable laxatives. Pineapple is often given to diabetic patients. It contains a digestive ferment similar to pepsin, and has a decided effect on the digestion of proteids. Pineapple juice is given in diphtheria, and in cases of sore throat from other causes, and has a soothing effect on the mucous membranes of the throat. Bananas contain starch, and are therefore more digestible if cooked.

When fruit is selected for the invalid it must be fresh, ripe and firm. Fruit which is over-ripe should always be cooked before it is eaten. Raw fruit must be carefully washed, for germs on the skin will often cause digestive disturbance. With the exception of oranges, lemons and peaches, nearly all other fruits are better borne by invalids when cooked. For those of weak digestion the pulp and seeds of some fruits may prove irritating. In cases of this kind the juice may be expressed from the fruit, and served in the form of cooling beverages. The juice from nearly all berries is easily digested even in cases where the whole fruit could not be tolerated.

For the numerous reasons mentioned above, fruit plays an important part in invalid diet. It is necessary for the nurse to be versed in the art of preparing it in as many attractive ways as possible. There is, perhaps, no other article of food which lends itself so well to attractive methods of serving. A specimen of perfect ripe fruit is beautiful to look at, and it can be served in a way to appear even more attractive. Then, too, there are many ways of cooking fruit, and of combining it with other things to make dainty and appetizing dishes.

Oranges are more often used than almost any other fruit for the invalid, and they may be served in a number of ways to give variety. A patient soon tires of seeing the orange appear on the tray, simply cut in half and served with an orange spoon. Instead, try peeling the orange and arranging the quarters, which have been separated, on a plate in such a way that they represent the petals of a flower. In the center where the petals come together, put a mound of powdered sugar with a marischino cherry on top. This may be varied by peeling the orange in such a manner that a band

of skin, one-half inch wide, is left midway between the two ends. Separate the sections, cutting the band with a knife, and arrange around a mound of sugar with the skin portion up. The orange is picked up by this band of skin when eaten. If a patient tires of oranges and chilled orange juice, a baked orange may be given for a change. Cut an orange in half crosswise, place on a baking dish, sprinkle sugar on each half, and bake in a moderate oven until tender. This will take about 20 minutes. The orange may be served either hot or cold, and has a flavor somewhat resembling orange marmalade.

Baked peaches are delicious, and make a nice change after a patient has had the fresh fruit frequently enough to become tired of it. Peel a peach, cut it in half and remove the stone. Fill the cavity thus left with sugar and a few drops of lemon juice. Bake in a shallow pan for about 20 minutes, and serve hot or cold. Baked bananas make an attractive dessert to serve for luncheon. Remove the skin from a banana, and cut in half lengthwise. Put in a shallow pan with a little butter, lemon juice and sugar, and bake about 20 minutes in a moderate oven, basting several times with a mixture of sugar, water and lemon juice. Brown sugar makes an especially good combination with bananas, and a sauce made of butter and brown sugar creamed together gives the finishing touch to baked bananas when they are served hot.

Prunes are a very common article of invalid diet, and they are something one soon tires of, for they are nearly always served the same way,—stewed. When the doctor orders prunes for a patient, the nurse feels in duty bound to serve them stewed for breakfast. There are many attractive ways of cooking prunes besides stewing them, and they may also be served at other meals than breakfast. Even stewed prunes may be disguised in such a way that a patient will hardly recognize them. Rub hot stewed prunes through a colander, and stir this pulp into the breakfast cereal, beating vigorously until well blended. Serve as usual with cream and sugar. This makes a very pleasing addition to any hot breakfast cereal. Cold prune whip and prune souffle are two methods of serving prunes as a dessert. Cook prunes until tender, and remove the stones. Rub them through a sieve, and mix this pulp lightly with white of egg which has been beaten until stiff. Sweeten to taste with sugar. Allow about one-half cup prune pulp to the white of one egg. More of the prune may be used if desired. This whip may be served cold with a custard sauce or it may be baked in the oven as a souffle, and served hot. Frozen prune whip is very appetizing in warm weather. Use more sugar, and allow the mixture to stand in a small freezer packed with ice and salt. Do not use the crank or dasher of the

freezer, but stir occasionally with a spoon while freezing. Stuffed prunes are very attractive, and are generally liked by patients. Steam dried prunes until they swell and are tender. Cook these prunes for a minute in a heavy syrup made of equal parts of sugar and water. Allow them to dry for a while on oiled paper, then remove the stones, and stuff with nuts or pieces of marshmallow. They may also be stuffed with pieces of prune which have become broken. These prunes may be served after dinner as a bon-bon, or between meals with a glass of milk and a cracker.

The juice of many kinds of berries, which cannot always be served whole on account of their seeds, may be used to make cooling drinks. Strawberry juice is nice served in this manner. These drinks are sweetened with a sugar syrup which is made by boiling together equal parts of sugar and water, and then cooling. Drinks made from the juice of nearly all fruits are improved by the addition of a little lemon juice, and they must be served very cold.

When fresh fruits cannot be procured, we must rely on canned and preserved fruits. Practically all canned fruit, with the exception of pineapple, is greatly improved if it is cooked over for a few minutes after it is taken from the can. This cooking takes away that taste peculiar to canned fruits, and improves the flavor. A little lemon juice may be added before the cooking is done.

The recipes given above are only suggestions, and every nurse can think out many new ways of preparing fruit, for herself. If one thinks only of a different method of serving, it will mean much to the appearance of the tray, and to the appetite of the patient.

That great discoveries are sometimes made through the simplest mediums is well known. It may not be generally known that the idea of a stethoscope was conceived by Dr. Rene Theophile Hyacinthe Laennec, a French doctor, during a visit to the Louvre in Paris. He noticed children at play in the garden, listening to the transmission of sound along pieces of wood. Thereafter he made a tube of paper, which he glued together, and experimented with his ward patients at the Neckar hospital.

The early Laennec stethoscopes were made to be used by one ear only, and this type is still largely in use in the countries of Europe. In America, however, a stethoscope to be used with both ears is much more generally employed.

It is interesting to note, in connection with the invention and early use of the stethoscope, that the bodies of patients in the hospitals at that time were so uncommonly dirty that the doctors were loth to put their ears to the chest of the sick one, in order to hear the sounds of the lungs.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

EXTENSION OF THE DEPARTMENT OF NURSING EDUCATION

The problems relating to nurses' education have multiplied so in recent years, that it has been quite impossible in our limited space to more than touch on a few of the most important of them from month to month. With so many vital questions coming up constantly for discussion, and with the most interesting developments taking place all over the country, it is perfectly evident that more space is needed for articles and news items, and for discussions on current problems, in both teaching and administration in nursing schools. Without some such common meeting ground, the superintendents, teachers and supervisors of our more than 600 nursing schools cannot keep in close touch with one another and cannot work together for the things we are all struggling to accomplish.

At the request of the National League of Nursing Education, the *Journal* Board has agreed to extend somewhat, the present Department of Nursing Education, and to put it under the general charge of the League. As soon as possible, a special editor will be appointed who will be able to give a much larger share of her time to the development of the department. In the meantime, it is hoped that the local state leagues and the national league will keep the temporary editor of the Department constantly informed of their activities, and that all of our readers who are interested in nursing education, will help by sending in news of important developments in their own parts of the country or elsewhere.

Although student government has been discussed recently in the *Journal*, it is believed that the following paper written by the principal of one of our representative nursing schools, as a result of her own practical experience with student government, will be found to be a distinct and helpful contribution to this much-debated subject.

STUDENT SELF GOVERNMENT IN SCHOOLS OF NURSING

BY LOUISE M. POWELL, R.N.

Principal, School of Nursing, University of Minnesota

Why the Present System Is Inadequate. There is no question to-day that is of more vital interest to those in charge of schools of nursing than the question of student self government. This is especially true of those who have made some progress in their fight for educational standards. The very fact that the schools which have

succeeded in setting high educational standards are attracting college women and thinking women from other fields, notably the field of teaching, makes it necessary that these schools should begin to consider what can be done to hold these women who have come to them. Most assuredly the present system of government in our schools does not appeal to this type of student. The system of government which is practised in a majority of our schools to-day has come down to us from the early days of our existence as training schools. In 1872, in several places, a few wise physicians and lay women saw the need for radical reform in the nursing system of our large hospitals. They decided to try to replace the untrained, uneducated, oftentimes degraded women who were caring for the sick poor, by young women of good character and of some education, who should be instructed and carefully supervised in their work. To persuade those in charge of hospitals at that time that any change was necessary, demanded infinite tact and unlimited patience. Permission for a trial was finally reluctantly granted. The women who were replaced, some of them faithful, all of them hard-working, did not command the respect of either physicians or patients. When this new group of respectable, and in many cases, refined and well-educated women came into these surroundings, it was imperative that they be subjected to very rigid discipline for their own protection. Our hospitals have changed, conditions have changed, and we must change to meet the new conditions.

Now what is the present system of government in these schools? I think I state the facts correctly when I say that in the large majority of schools of nursing to-day, the rules of conduct, not only in the hospital, but outside, are made by the head of the school, and are imposed on the student. These rules cover such things as hours of rising and retiring, late permits, order of rooms, receiving of visitors, (especially men) and social intercourse between nurses and physicians. In many places, the social activities of the students are entirely planned and carried out by those in authority. The breaking of these rules, if the student is caught, results in various degrees of punishment, sometimes in the just dismissal of a student from the school.

A thing one is arbitrarily forbidden to do looks very attractive. When one is blamed only if one is caught, it is rather exciting to see how often one can do the thing and escape detection. Take, for example, our old familiar friend, the rule that there shall be no social intercourse between nurses and doctors except when the school gives a formal party to which both are invited. Does not everyone notice how well these two groups seem to know each other when they meet?

If this rule cannot be enforced, then why make it? I feel very strongly that the imposing upon students of rules, in the making of which they have no voice, and in the enforcing of which they have no responsibility, is a weakness in the government in our schools of nursing, which can only be overcome by the introduction of a well-planned system of student self government.

What Is Student Self Government and How Does It Work in Other Types of Schools? In attempting to devise such a system, we can get a great deal of assistance by following the plans already in force in other schools. Let us look into the origin of student self government, and see why it has been adopted.

Our democratic form of government demands, if it is to be effective, that *somewhere* the people shall be given practise in helping to govern themselves. Possibly the indifference and ignorance of the masses of people in our country concerning public affairs may be attributed to the fact that our young people are not given a right conception of what self government is. In fact, I think much of the dishonesty in our political life is attributable to the same cause. In a democracy we have a very dangerous state of affairs when the masses of the people, through ignorance or lack of education, have a distorted conception of government for and by the people.

In recent years student self government has been introduced into many schools of all grades in different parts of the country. The National Education Association has appointed a self government committee, with an office in New York City. The committee is encouraging the spread of this movement, by sending out literature and experts to assist those who desire to introduce it. Mr. William R. George is a member of this committee, also Mrs. Helen Hartley Jenkins, who is well known to nurses.

Probably the first attempt at self government by the young was made by Mr. William R. George at Freeville, N. Y., in what was called the George Junior Republic. This first experiment was made with delinquent children who had been through the courts. In 1895, Mr. George conceived the idea that, if young people were allowed a hand in the making and enforcing of their own laws of conduct, they would develop character. He began in a small way in the city, but soon moved into the country. The Republic Association bought two hundred acres of farming land, and established a republic in miniature. Officers were elected by the young people. Work which must measure up to a fixed standard was demanded of every one; no idlers were tolerated. The main object of the whole scheme was to develop self-control. The community continues to prosper and is achieving many of the things it set out to do.

The "honor system" of the University of Virginia is an example of another system of self government among older men. It has been enforced by the students for many years. In this institution where the authorities have no control over the students outside the classroom, it is an absolute necessity. Possibly the system would be strengthened if there were a chance for more faculty coöperation.

What then are the principles that underlie all student self government? As "our aims may be said to measure our principles"[1] let me state the aims that such a system is intended to subserve. The aims are, to secure better discipline[2] and more effective training for citizenship; to develop character and a sense of real justice; and to make the school more attractive.[3]

Student self government, as has been said before, has been introduced very successfully into many high schools all over the country. The points laid down as essential for its adoption in this type of school are that the students must desire to have it and must understand their responsibility; that the faculty must be not only sympathetic and ready to coöperate, but also willing to exercise an invisible supervision. That there should be faculty coöperation and supervision, is conceded to be very necessary, owing to the limited experience of boys and girls, and to their need of guidance and direction by their elders. In high schools all social activities,—study hour, assembly, conduct in the school building and on the playground,—are under student control. In addition to this, in many places the qualities of character and the spirit developed in the school have been a powerful influence in the neighborhood surrounding the school. Streets have been cleaned up and bad conditions in tenement houses have been bettered as a result of the interest taken in them by the students.

The organization is effected by the students, with the assistance of some members of the faculty; a constitution is drawn up and adopted by the students; and later, officers are elected. After the officers are installed (and this should be made a real ceremony), the organization should promptly start to work. The names of officers and their number vary with the organization.

In the many schools in which self government by the students has been tried, results have been reported as follows: The development

[1] "Some Problems of Pupil Self-Government." I. Edwin Goldwasser, p. 5.

[2] I am thinking of discipline as defined by a principal of one of the New York schools. "Real discipline," he says, "is the effective guiding of energy towards a realization, that leads to self development and social service."

[3] I. Edwin Goldwasser, "Some Problems of Pupil Self-government," pp. 5-15.

in the students of a deeper sense of personal responsibility; the creation of greater respect for authority; the stimulating of a closer sympathy between student and teacher; the development of a strong spirit of coöperation; and the beginning of a training for citizenship. If moral character is built by the exercise of judgment and self-control,[1] and if student self government helps to develop self-control, should we not use it, and may we not expect great results?

Student self government differs in some respects in the college from that which we have seen in the high school. To begin with, though the organization in the college is very similar to that of the high school, the students in college are much more mature. Student self government, as we see it in our colleges to-day, inculcates a wholesome respect for the upper classmen, or seniors. When the younger students feel there is something to attain in becoming a senior, their ambition is stimulated, and they are furnished with an incentive to good work. This is rather more marked in the college than in the high school. Self government in college should help to create a public opinion that will demand of the student the best in conduct and scholarship; it should support and strengthen the weaker members; it should make its members feel that they are the school, and that what reflects on it, is detrimental to them.

I believe it is just as important to have faculty coöperation in the college as it is in the schools for younger students. When students and faculty work out their problems in conference, each gets the other's point of view; and both gain a sympathy and an understanding that make for harmony. If student self government in a college does not result in producing a democratic, resourceful, self-reliant, thinking body of men and women, I should consider the system a failure.

Aims of Student Government in Nursing Schools. Now apply these principles of student self government to schools of nursing. Do the women of these schools differ from the women in college? Probably the greatest difference is in the matter of preliminary educational preparation. A group, in almost any school of nursing, will be made up of college graduates, women with normal training, or with one or more years of college work, high school graduates, women who have been educated in private schools and by travel. However, in many schools at present, there is a rather large group of women who have had little preliminary education. This difference in amount of education gives us a group varied, also, as to age. On the other hand, there is a decided advantage in having students who, for the

[1] "College Spirit and Student Control," School and Society—1, pp. 552-556.

most part, have chosen their work after much thought, many times in the face of strong opposition on the part of family and friends. This, undoubtedly, produces a body of serious-minded, thoughtful women. I feel sure that the motive of the majority of them in taking up this work is a desire to be of service to humanity. Notice that I say in the majority of cases. There are other, and sometimes less worthy motives, but from a long experience, I would expect the woman who comes into the school thoughtlessly, to drop out when confronted with the really trying experiences which every nurse must face. The work of the student in the school of nursing is real work. Her laboratory is filled, not with test-tubes, but with human beings of many types of character. She is seeing life at its best and at its worst, seeing human beings in the happiest moments of life and in the bitterest. There is no more serious work than that which carries responsibility for the lives of others. This responsibility rests, oftentimes, as surely in the hands of the nurse as in those of the physician. If ever a group of women needed to be developed into resourceful, self reliant, thinking beings, it surely is the body of women you are fitting to be nurses. If ever women needed to be trained to feel a deep sense of personal responsibility, to cultivate self-control and the spirit of coöperation, it is the women in our training schools.

Does this group need to be trained for citizenship? Think for a moment of the wide field of public health nursing that is awaiting the properly trained woman, and of what the nurse is called upon to do in this field. The nurse who does not know in what good citizenship consists, or how to be a good citizen herself, is unfitted to do her part in training for good citizenship the boys and girls who come to her in the schools, in the club, and in the clinic. Not only the nurse, but every woman at the present time needs all the practice she can get in self government, as a means of preparation for intelligent, interested citizenship. Our educated, thinking women must be prepared to wield through the franchise, an influence on political life that will be felt and will be acknowledged as worth while. In no better way can we give our nurses this practice than by allowing them a share in the government of one department of an institution, which deals with human problems in infinite variety, a modern hospital.

What of the aim of better discipline,—do we need this? In my opinion the work of the nurse, well done, is a very effective form of discipline. I believe the students themselves will take care of the whole question of regulations as to hours of rest and recreation, if we can once show them how the quality of their work depends on their physical condition, and how the demand of their work on nerves

and muscles makes necessary a definite amount of rest. A body of students, given the responsibility of making those regulations, will be quick to enforce them; and because they are made by the students, there will be fewer infractions. Is not the reason for most of our regulations, the keeping of our nurses in such physical and mental condition that they may render the best service to the public, and may get from their training the things which will make them most efficient and useful members of their profession? Then let us put upon them the responsibility of securing these things.

A student certainly gets a keener appreciation of the necessity for government by taking part in it. When the breaking of rules is to be dealt with, if she has learned to look at all sides of the question, a just sentence is almost certain to be imposed. There is nothing our nurses need as much as to develop, by means of their training, a character that will mark them, wherever they are, as broad minded, clear thinking, public spirited members of a community. Some of these qualities, I feel sure, will be gained by a system of self government.

How to Introduce the New System. Suppose we concede that student self government would be of value in the training of our students in schools of nursing, then how shall we go about introducing it? A most important consideration is to have your faculty in sympathy with the plan. If you have on your faculty a strong, valuable woman, trained under the old system, who feels that the school will go to pieces if this power is put into the hands of students, direct all your energies toward converting this individual to your point of view. At least get her to agree to give it a fair trial. The college woman on your faculty will usually be in sympathy with the plan. No less important is the attitude of the students. Wait patiently until a desire for it is manifest among them, until they request it. Do not force it on them. Talk with your strongest women, and make them see that almost the whole success of the plan will depend on the choice of leaders, that they must have strong as well as popular leaders.

Now what activities can be given over to the control of the students? Without any doubt, the activities that take place in the home,—social functions, order and good conduct in the home; the behavior of the students in public, stimulation of interest in the school among outsiders, and, if the school is connected with a university, the coöperation of the student organization with other university activities. I go so far as to feel that in some cases in the hospital, where routine orders are neglected or mistakes are made, conference with the student council can be both helpful and

illuminating. In this way we may develop a strong public opinion concerning these things among the students, an opinion that will make them think twice before they will dare to disregard principles subscribed to by the other students.

What part, you may ask, are the head of the school and the governing board to take in this government? If the head of the school goes about it in the right way, she can become a very important adjunct; she can make her influence very strongly felt; she can make her advice and counsel very much to be desired. She and the board (called training school committee in many places) should speak the final word in any serious matter that arises. They should constitute a body of final appeal, over and above the student council and the faculty advisory committee. The head of the school should be a member, "ex officio," of the student council.

Practical Results. In schools of nursing with university affiliation I should say this form of government is a necessity. In justice to the students, they ought to be allowed to participate in the general self government association. In other schools I feel sure the morale of the student would be improved, the work would be better, and the students would be happier, thus fulfilling the last aim laid down—that of making the school more attractive.

For almost a year, a system of student self government has been in practice in the school of which I have charge. It was requested by the students and it has been carried on with enthusiasm. It was inaugurated at the beginning of a year filled with hard and trying experiences. Whether the wonderful spirit the nurses showed in meeting these conditions was due to their feeling that they were an important part of the institution, and thus must measure up to their responsibilities, I do not know—but I suspect it helped.

I hope to see the day when every school which undertakes to train nurses will take this means of developing in their students "an active, willing participation in the responsibilities of the group, which is the deepest demand of our democracy."[1]

RECENT DEVELOPMENTS IN NURSING EDUCATION

Mlle. Matter and Mlle. Durleman, two French nurses who have been visiting in America during the last few months, will leave soon for Lille, France, where they expect to establish a new nursing school on modern lines. Both are graduates of the Nightingale School at Bordeaux, and have had wide experience in nursing work.

While in New York they have been taking courses as guests of the Department of Nursing and Health, Teachers College, and have visited all the leading

[1] "Moral Values in Pupil Self-government,"—National Education Association, 1913; pp. 41-45.

hospitals, and public health organizations where they have been cordially welcomed. They have also made a round of several American cities, and feel that they are returning with many valuable ideas which they hope to apply in their new school.

All those who have had the great pleasure of meeting the French nurses here will watch with much interest the growth of this new child of the Nightingale School at Bordeaux, in which we all feel now that we have a special share.

A very important announcement has recently come from the department of nursing of Leland Stanford University. A course for instructors is to be opened next year under Maud Muse, who is instructor in the Lane School connected with the University. Students will do a good deal of observation work during the first half year and will also take certain fundamental teaching subjects in the University. During the second term they will assist in the actual teaching under the supervision of Miss Muse and other instructors. With the present acute scarcity of instructors, all such efforts to train capable nurses for this work, should be welcomed and encouraged in every possible way.

The eight-hour day is going ahead. Recent reports to the Committee on Education, from about 1,000 training schools throughout the country, show that a very great effort is being made to reduce the present long hours of duty. The main difficulty is the scarcity of applicants, but as has been pointed out many times, it is useless to postpone the introduction of shorter hours in the hope of securing more applicants, because this condition itself is due in a large measure, to the heavy work and the long hours which have existed so long in most nursing schools. A summary of these statistics on the eight-hour day will be prepared as soon as the reports are all in.

It is evident from these reports that hospital helpers are being used more and more, to do much of the routine ward work and so relieve student nurses for the actual care of sick patients.

Mount Sinai Nursing School, New York City, has recently received a gift of $50,000 from Mr. Lillienthal in memory of his father. This endowment is to be used for educational purposes and for the health and welfare of the students in the Nursing School.

In addition to the generous scholarships awarded to service nurses by the American Red Cross, provision has been made to give disabled nurses the same benefits of re-education through the Federal Board of Vocational Education, which disabled and handicapped men from the Army and Navy enjoy. The nurse is allowed to choose the field in which she wishes further training and if this is approved by physicians and advisers, she is sent to the school or college where such training may be best obtained, her expenses (tuition fees, books, etc.) are paid by the Board and she receives $80 per month in addition for maintenance. The length of the training varies from a few months to a year or more. A number of nurses who are unable to return to private work, find it possible in this way to fit themselves for teaching and other branches of nursing or for laboratory or office work.

Some of the states are offering educational privileges to nurses and men who have been in the service, even when they are not in any way disabled. When the state institutions do not provide the training desired, the student's fees, up to a certain limit, are paid in the institution he or she selects.

THE RED CROSS

IN CHARGE OF

CLARA D. NOYES, R.N.
Director, Department of Nursing

WITHDRAWAL OF THE SIBERIAN COMMISSION

Covering a stretch of five thousand miles, from Vladivostok to the Ural Mountains, with its chain of eight hospitals, one hundred fifty-two nurses, forty-two nurses' aids, and with its large complement of doctors, other relief workers, and native helpers, the American Red Cross Commission to Siberia withdrew from that country last month, in accordance with the government's plan for the return of American troops and railroad engineering units.

In closing its relief operations, the Red Cross took all possible measures to preserve the usefulness of those activities in which they have been engaged since the spring of 1918. When the Bolshevik uprisings threatened to jeopardize the safety of the personnel at Omsk, the point of operation farthest to the west, this hospital was evacuated last fall, while those at Irkutsk and Verkheudinsk have recently been turned over to the Siberian authorities and to the Russian Red Cross.

During the first year of its work, the Commission established fourteen hospitals for sick and wounded Czech and Russian soldiers, and sent eighteen heavily loaded relief trains from Vladivostok to western Siberia. In its anti-typhus campaign the American Red Cross equipped and maintained an anti-typhus train which shuttled back and forth along the Trans-Siberian Railroad. In the field of military relief, the Commission provided many comforts, recreation, and entertainment for the American troops, the railroad men who have kept the Trans-Siberian Railway open, and for the native soldiers.

Of especial interest have been the operations of the Red Cross in establishing hospitals, hospital trains, dental and medical clinics, as well as in giving supplies to already established institutions. Twenty-two Red Cross nurses have been assigned to service at the Russian Island Hospital, situated on the heights across the bay from Vladivostok; thirty-two others have been on duty at Verkhne-Udinsk, near Lake Baikal, and the Chinese Border; at Irkutsk, also near the central part of Siberia, twenty-four nurses have been stationed in Red Cross hospitals; while other nurses and aids were on duty in various other isolated parts of this sparsely settled country,

then so desperately in need of medical and nursing aid to check the typhus epidemic which threatened China and Siberia.

Among the thousands of refugees driven westward by the advancing battlefront of the Bolsheviki were many women and young girls, in addition to children and the aged. In addition to building barracks for them, and supplying occupation and livelihood, by opening sewing-rooms, many of the younger women and girls were employed in the Red Cross hospitals. Some of these had been engaged in war nursing since 1915, under dangerous and in many cases primitive and horrible conditions. Necessity and patriotism, however, rather than choice and preliminary preparation, had thrust this service upon them.

In order to improve the standard of nursing service which these Russian aids rendered, the Red Cross initiated a course of study, to be accompanied by four months' practice in general nursing at the hospitals at Vladivostok and Russian Island. As no nursing textbooks were available, a digest of the A. R. C. Manual of Home Hygiene and Care of the Sick was prepared and translated for the use of the pupils. The ward instructors supplemented this theory with bedside teaching. This course of study, though elementary in nature, has offered a splendid opportunity for genuine constructive social work with these Russian girls. Challenging as it does the absorbing love of study which characterizes the Russian temperament, the Department of Nursing hoped to open up to these young women whose lives had been shadowed by war, the vista of an honored and remunerative vocation.

Helen Bridges, Director of the Bureau of Nursing Education, reports a total enrollment on December first of last year, of thirty-two aids. The graduation of these students was held December eleventh, "in a long, high-ceilinged room, with the cement floor covered with warm-toned grass rugs from Japan, numerous wicker arm chairs with little tables placed near by, flowers, and softly shaded lights." Lieut. Col. Rudolph Teusler, American Red Cross Commissioner to Siberia, presented the certificates of completion of the course to the freshly uniformed happy Russian aids.

Another of the fine achievements of the Commission was the rescue of several hundred homeless children, found in the Ural Mountains, reduced to a state bordering on savagery. These little ones, ranging in age from three to sixteen, lost from their parents, were gathered into a colony at Lake Turgoyak, and later were taken to a Red Cross orphanage on Russian Island.

Another instance of the swiftness with which the Red Cross met

emergency needs was the assignment of nine nurses and several doctors to Harbin, Manchuria, when cholera threatened that city.

Mrs. Alice St. John, Chief Nurse of the Siberian Commission, Anna Tittman, Chief Nurse, Eastern Division; Ethel C. Pinder, Chief Nurse, Central Division, and Grace Harrington, Chief Nurse, Western Division, have comprised the executive personnel of the Department of Nursing. Twenty of the nurses sailed for San Francisco from Vladivostok on January 17, while the remaining number will return as soon as transportation can be secured.

THE LEAGUE OF RED CROSS SOCIETIES

Representatives of the National Red Cross Societies of thirty countries have been invited to attend the sessions of the first General Council of the League, which will meet at Geneva, Switzerland, March second.

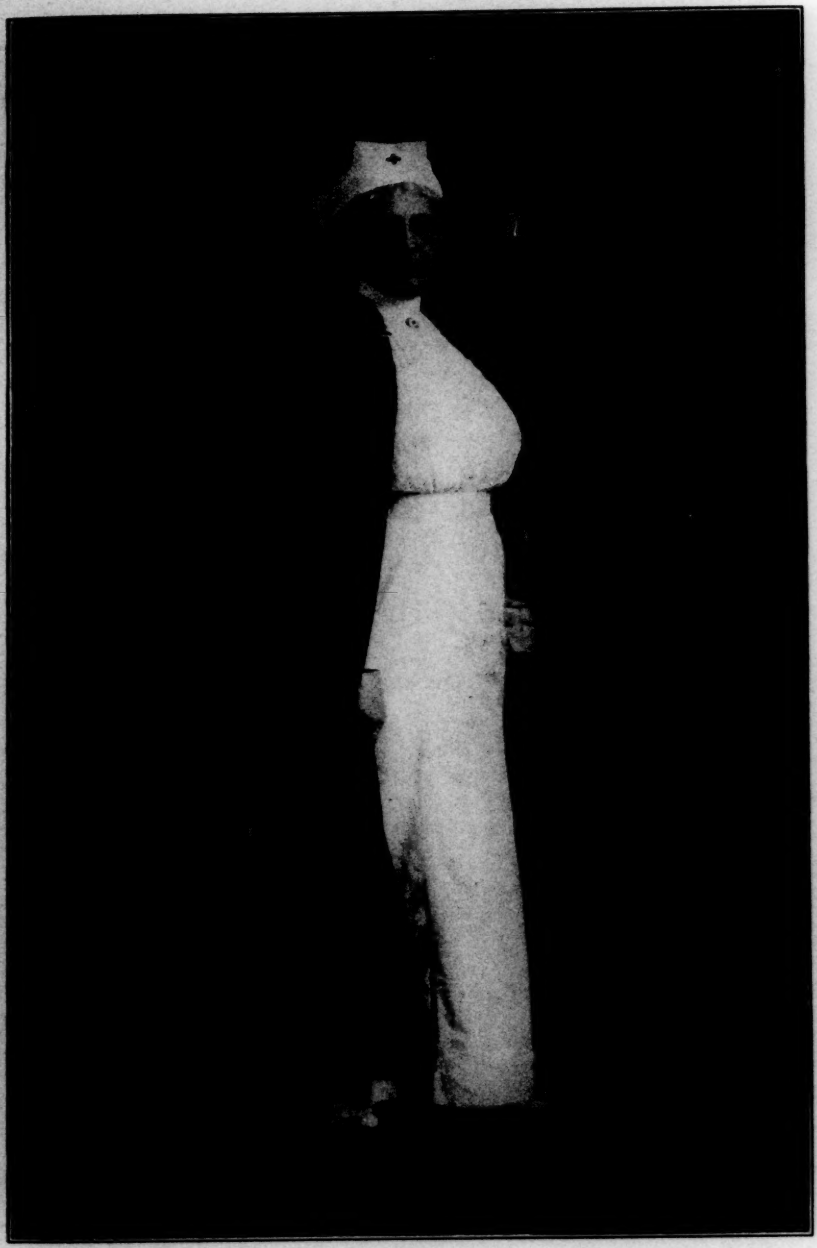
The membership of the League is now made up of the Red Cross Societies of Argentina, Australia, Belgium, Brazil, Canada, China, Czecho-Slovakia, Denmark, England, France, Greece, Holland, India, Italy, Japan, New Zealand, Norway, Peru, Poland, Portugal, Roumania, Serbia, South Africa, Spain, Switzerland, Sweden, the United States, Uruguay, and Venezuela. The United States is taking a prominent place in developing this organization. At the Cannes Conference, last April, Henry P. Davison was elected as Chairman of the Board of Governors, while nine other Americans have been appointed to important offices, among whom are: Alice Fitzgerald, Chief of the Division of Nursing; Col. Richard P. Strong, formerly of the Harvard Medical School, as General Medical Director; Prof. C. Whipple, of Harvard, as Chief of the Division of Sanitation; Dr. Thomas R. Brown, of Johns Hopkins, as Chief of the Division of Medical Information and Medical Publication; Dr. George G. Shattuck, of Harvard, as General Medical Secretary.

PHOTOGRAPH OF MISS DELANO

Since the February issue of the JOURNAL went to press, further arrangements have been made with Harris and Ewing, photographers, 1311 F. Street, Washington, D. C., for securing copies of the uniform photograph of Miss Delano.

For the large size, which measures fifteen by twenty inches, framed, an unusually low rate, similar to that given the Army, and the Navy, has been made to the Red Cross, of $15 each. These photographs, however, must be purchased framed.

The smaller size, eight inches by ten, may be secured at the rate of $3 each, unframed, or $6.50 each, framed in silver and grey. This estimate has been reduced from the original quotation of $8 each.



Jane A. Delano

Members of the Red Cross Commission to Siberia, at Irkutsk, Siberia.

Left, Grace Harrington, Chief Nurse, Western Division, with Col. R. B. Teusler and Major Fred P. Manget.
Right, Anna L. Tittman, Chief Nurse, Eastern Division.

Carriage charges will be prepaid on both sizes. Nurses desiring these photographs are urged to place their orders directly with Harris and Ewing, although the Department of Nursing will be glad to refer letters to them.

APPOINTMENT OF CANADIAN LOCAL COMMITTEE

In order to keep in touch with American Red Cross nurses now in Canada, a Local Committee on Red Cross Nursing Service was appointed, January 22, at Toronto, Ontario. Jean L. Gunn, a graduate of the Presbyterian Hospital, New York, now Superintendent of Nurses of the Toronto General Hospital, has accepted the appointment of chairman of this Committee, while Elizabeth G. Flaws, a graduate of the Toronto General Hospital, and at present Superintendent of the Wellesley Hospital, Toronto, will act as secretary. American Red Cross nurses now residing in Canada are urged to communicate with the officers of this Committee, in order that they may keep alive their interest in the activities of the Red Cross Nursing Service.

THE INFLUENZA SITUATION

Upon the slight recurrence of influenza which seemed to threaten the country during January, the Department of Nursing was given an opportunity to test the preparedness plan for fighting this disease which was sent out to Red Cross Division offices early in the fall.

When the United States Public Health Service pointed out during the summer that the influenza might return again in epidemic form, the Red Cross issued a general plan of mobilization, outlining the policies and organization which should control Red Cross relief activities. Primarily the Red Cross recognized that its action in such an emergency should be responsive and supplementary, to that of the health authorities; that the mobilization of physicians rested wholly within the province of the U. S. Public Health Service and state and local health authorities, as well as the preparation of educational pamphlets, although the Red Cross might well act as a distributing agency for such educational material. Particularly appropriate to the Red Cross, however, would be the provision of nursing service, hospital supplies, social, motor, and canteen service.

Each Red Cross Chapter was authorized to be prepared, through a complete survey of local resources, to mobilize immediately for relief work should the influenza become epidemic. Similar organization, emphasizing close coöperation with the State Boards of Health, was also effected in the Division Offices, while at National Headquarters, a National Director of Red Cross Influenza Emergency Service,

with a committee representing the Nursing Service, the Comptroller's office, and the U. S. Public Health Service, was appointed.

Mobilization of nursing resources was to include the organization of mobile units, with a Red Cross nurse as detachment leader. Home Defense nurses, nurses' aids, practical nurses, and volunteers might be utilized under the direction of graduate nurses. Detailed instructions were also issued regarding the assignment of nurses from one division to another; coöperation with public health nursing agencies, both within and outside of the Red Cross, and with nurses' registries; extra office assistance; reports; salaries; transportation; and maintenance of nurses in active service.

Owing to the effectiveness of this plan, little pressure has come to National Headquarters, the Divisions relying entirely upon local resources. The influenza itself has not seemed to be nearly so virulent, nor widespread as last year, and there has even been some question as to whether the so-called "flu" is not in reality old-fashioned *grippe*. From all sides, however, one hears discussions on the "scarcity of nurses." Such a situation seems hardly comprehensible. There are at present only 2,350 nurses in the Army Nurse Corps. Over 20,000 have been demobilized from active service. This number has also been augmented by a graduating class of approximately 14,000.

A logical conclusion follows that the question is one of adjustment rather than of actual shortage of nurses. Perhaps such a situation may also be explained by cases which have been cited to the Red Cross,—of chronic invalids employing two graduate nurses, of hospitals filled with operative cases which might have been postponed for the present emergency, of convalescents refusing to release their special nurses. After their past two years of humanitarian service, involving as it did, sacrifices of remuneration as well as of comfort and previous associations, it is easy to appreciate that nurses should strongly desire to elect types of service where the compensation will help them regain their financial equilibrium. The Red Cross hopes, however, that they will find it possible to respond again for the epidemic, should the need arise, according to the precedent and traditions which they themselves have established in the public mind.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE ENGLISH VICTORY

Our English sisters are happy with an exalted, almost religious happiness in having at last seen their long, difficult struggle of over thirty years,—successful, justified, and rewarded. On December 23 many of them were present in the House of Lords, where the announcement is made, in one of those stately and picturesque ceremonies which are a part of their national life, of the Royal Assent, or King's Will that bills shall become law. Our equivalent of this is the signing by governor or president. Mrs. Fenwick, who had led the long battle, wrote in the British *Journal of Nursing:*

> The trained nurses whose high privilege it was to be present on this historic occasion, when with dignified ceremonial the King's Will was proclaimed, were filled with unutterable thankfulness that the goal towards which they had striven for so many years was attained at last, and that power was conferred on the profession of Nursing to fit itself to worthily fulfill its responsibilities to the community, which should be the aspiration of every Registered Nurse.
>
> It was a day surcharged with emotions, a day which we thank God we have lived to see.

The bill is really three,—one for England and Wales, one for Ireland, one for Scotland, all alike in provisions. It is a good bill, a satisfactory bill,—fair, just, broad, simple and flexible enough, but not too flexible. Its sections deal with the following subjects:

1. The establishment of a General Nursing Council to prescribe standards of nursing education and training.
2. Regulating the conduct of examinations.
3. Regulating the formation, maintenance and publication of the register.
4. Providing for the adequate direct representation of registered nurses on their own governing body with a majority of voting power.
5. The protected title of registered nurse.
6. Provision for the institution of a protected uniform and badge.
7. Power of appeal to the High Court of Justice.
8. Disciplinary powers to maintain the honor and well-being of the profession.

The nurses on the General Nursing Council are to be, first,

appointed by the Minister of Health, but after the machinery is set in motion they will be elected by registered nurses. They will be sixteen in number. There will also be on the Council two persons appointed by the Board of Education (who will be, presumably, educationalists), two appointed by the Privy Council, (who will be, probably, laity of eminence, for they must not be nurses or physicians or hospital officials), and five appointed by the Minister of Health; of these, evidently, some or all may be medical men or hospital directors.

In making his appointments of sixteen nurses for the first Council, the Minister will consult with "the Central Committee for the State Registration of Nurses, the College of Nursing, the Royal British Nurses' Association, and such other Associations or organized bodies of nurses or matrons as represent to the Ministers that they desire to be consulted in the matter."

We rejoice with our old friends and send them our warmest congratulations. This ending is a splendid justification of the principles they upheld so long against that worst and most subtle, most menacing power in the world, the power of organized and selfish privilege and wealth.

We do hope now that Mrs. Fenwick will write the history of the Thirty Years' War, and there are two people especially whose names must be entered there as unfailingly loyal and true and as having been faithful from the first day to the very last. They are Margaret Breay and Dr. Bedford Fenwick.

ITEMS

The Association of Trained Nurses of Italy has made application for membership in the International Council.

The nurses of Victoria, Australia, are promised an eight-hour day for hospital pupils in training by act of legislature.

Australia is taking up the international council idea, we hope soon for her membership; she only needs to form a Central Committee of her two national societies.

Miss Maclean of New Zealand longs to get back to pre-war activities. That means building up good things instead of wasting time in emergency work, we suppose.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
EDNA L. FOLEY, R.N.

Collaborators: Mrs. Helen C. LaMalle and Mary C. MacKay

(Note.—Miss Foley returns from Italy just as this issue of the *Journal* is being prepared for the press. She will be welcomed by all who come in touch with her work in any way. Next month, we hope, she will personally prepare her Department material, as in the past.—Ed.)

TRAVELING WITH THE VICTORIAN ORDER OF NURSES FOR CANADA

BY CHARLOTTE STONINGTON

The Victorian Order of Nurses for Canada is the only organization in the Dominion which trains graduate nurses for public health work. Its graduates are scattered from farthest east, in Sydney, Cape Breton, to farthest west, in Victoria, Vancouver Island, and it staffs twenty-four little hospitals, and fifty-seven districts, the latter sometimes with one, sometimes with as many as sixty-odd nurses.

One Victorian Order nurse serves the people at a little place called Harrington Harbor, in the Labrador made famous by Dr. Grenfell. Two others are in charge of a little hospital at Athabasca, an old Hudson Bay post in Northern Alberta.

Montreal has a large staff which does a great deal of work among the big foreign population there, and also among the French-Canadian citizens, who add much that is picturesque and reminiscent of old-time Canada to the city. A great deal of child welfare work is needed among these people, because although their birth rate is high, the infant mortality is great. Splendid work is done for them by the Baby Welfare Committee, in coöperation with the Social Science Department of McGill University and the Victorian Order. During this past summer this Committee operated the first traveling baby clinic van to be used in Canada.

This van, staffed by two Victorian Order nurses and a doctor, made its way through the poorer parts of the city each day of the summer. It carried scales, measuring board, and literature, as well as cards for registering the condition of the babies up to two years. One of the Montreal dailies showed a picture of one of the nurses using her baby scales at the door of the van, while several curious children watched open-mouthed this unusual display of solicitude for one small baby, when there were so many to be seen on all sides.

The part of fairy godmother was played by the van all during the hot weather, for it appeared regularly in the stifling alleys of the slums and gathered in a load of mothers and little children from their tenements, then lumbered off to the Mountain, where for one day, at

least, the little families might revel in their natural heritage of fresh air, freedom and the beauty of open spaces. The mothers bring a lunch for themselves and the older children, and milk can be bought at the camp for 12 cents a quart. Each afternoon a doctor was in attendance, who ordered food for the babies. All barley water was made at the camp, and the mothers were taught to prepare the foods or make up the formulae.

But traveling in a Baby Clinic van is only one of the ways in which the Victorian Order nurse may go on her rounds. A letter from one of our nurses serving in Central British Columbia tells us she has just returned from a twenty-five mile ride on horseback through the bush to visit the English brides of two Canadian soldiers. Anyone who knows the far west and the heavy tangle of the underbrush there, will realize what a strenuous ride this may well have been.

Another tells in a most simple, matter-of-fact way of a trip she made in a buckboard driven by a Chinaman, through a blinding storm, over a rough trail and in pitch blackness, in order to reach a prairie woman before her baby's birth.

Not all the nurses play the part of pioneers in their profession in this fashion, however. In some districts, particularly since the influenza epidemic showed the great value to a community of the visiting nurse, a motor has been provided for her rounds by either her local committee or the town or city council. Time has shown that one nurse with a car can do the work of two nurses without one, and it is expected that more and more districts will help out their nurses in this way before long. In several cases the donors, it might be added, have had a due regard for the small perfect finishing touch, and have had the Victorian Order emblem put on the door of their nurse's car in gold.

The humble street car plays its more prosaic but equally important part in the work of many a nurse. Then there are large scattered districts which do not boast a street railway service, and she must trudge on foot, or trust to the kindness of passerby or friend. But one can be quite sure that no matter what the method of traveling, the Victorian Order nurse will accept it and her environment with unfailing cheerfulness and good will.

A VISIT

By Alva Harrison Myers

District Superintendent of Midwives, Bureau of Child Hygiene, New Jersey

A knock, then a pause. "Will she come or won't she? Yes! Who? Just what are you talking about? Why don't you know?—one of my midwives."

The midwife is a little, old, Hungarian woman, about sixty years of age, one whom sorrow has touched not once or twice, but many times. Her husband died some years ago; then when she had gotten over this, her only son whom she worshipped, was taken from her.

"Come in, come in, missus, so glad, so glad." And in we go. Such a little home, walls gayly painted with blue, but oh, so clean! At the window, many green plants. In its gilt cage, a sweetly singing canary. On the other side of the room, a shiny stove with a kettle boiling, merrily answering the lone bird's melody. Does our little lady ever stop cleaning?

The conversation drifts along and she proudly tells us about her patients. Of course, she tells the mothers to nurse their babies every three hours, and that drops of silver nitrate in the little one's eyes should be used at birth. And if they object, she shows them her Baby Primer, and what happened to the baby whose eyes were not treated, now blind. She dresses the baby American style. She demonstrates the bath. She opens the window.

A little pause. Suddenly the midwife runs over to one side of the room. Hastily she takes up a book and comes back to me. What is the matter?

Her eyes bright, her little face, illuminated by happiness framed in the black headdress, which all Hungarian women wear, she tells me that she can read. Out of her first-grade primer she proceeds to read, simply but forcefully—in her broken tongue: See the cat, the cat can run.

About a month ago this midwife attended the first midwives' meeting. There she met the Hungarian worker from the Women's International Institute, who persuaded her that she was not too old to learn English. And now she can read. Soon she will be able to write.

Is supervision of midwives worth while? We think it is. This woman is typical of a large class. Our midwives are taking into the homes of their foreign neighbors messages of good will and kindness from those who try to help them. They are becoming our best Americanization agents as they themselves, through our friendship and help, become Americans.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

ALICE SHEPARD GILMAN, R.N.

READJUSTMENT OF TRAINING SCHOOLS AND HOSPITALS

BY ELIZABETH A. GREENER, R.N.

(*Continued from page 410*)

Hospital trustees have been torn between conflicting desires. They have felt it to be their duty to train large numbers of nurses in order to satisfy the public demand; and in seeking to enroll large numbers of probationers in the hospital schools, they have undoubtedly been influenced also by the hospital's own nursing needs. Compelled by financial necessity, they have at times opposed what nurses have regarded as just demands for improvement in working conditions; and without claiming to be expert in matters of nursing education, they have nevertheless demanded that they be recognized as the responsible managers of training schools.

And so, during the past decade, there have been two and sometimes three, forces arrayed against each other in the struggle to readjust and improve nursing service in and out of hospitals. Opinions have clashed, but there has been no meeting of minds; the result has been confusion of thought, and effectual interference with progress. Under these conditions, one looks forward eagerly to the effort, through the American Conference on Hospital Service, to debate the issue fairly and to develop a program which will come reasonably near to meeting all essential requirements.

In his public formulation of a program for the committee work of the Conference, at Cincinnati in September, the spokesman for the Conference indicated what might reasonably be expected of a committee composed of nursing, professional, and lay elements, and publicly advised that in the deliberations of such a mixed committee, the representatives of the nursing profession be permitted to lead. I am advised that in the Executive Session of the Conference itself, this view prevailed, and that either the League of Nursing Education or the American Nurses' Association will be invited to assume the Chairmanship of the committee which is to consider nursing matters on behalf of the Conference, and which is expected to make its first report at Chicago in March, 1920.

Might it not be wise to attempt to bring about the organization of similar mixed committees in each of the States? The appalling lack of unity of mind and purpose in New York State is surely a striking example of such a need. If the medical, nursing and representative lay forces of the State could be prevailed upon to combine thought and effort and lay aside personal jealousies and petty differences of opinion, there is nothing in the line of progress and advancement which would not be comparatively easy of accomplishment.

Since the proper expansion of nursing education calls for greatly increased expenditures on the part of the hospital, how shall sufficient funds be secured for this purpose? I know that if Miss Nutting were allowed to have a word at this point she would say with great emphasis, "by special endowments for training schools." One must say in regard to such a plan that wherever it can be accomplished, it is ideal. Unfortunately, at the present moment, many schools could not secure immediate endowments at all adequate to their needs. Therefore, it would appear that the only logical way in which to meet the increased expense of both hospital and training school is by community or municipal support in the same manner in which our public schools are maintained.

Until very recently, hospitals and training schools, throughout the country have struggled alone with the responsibility of the education and training of the nurse. It has taken years of education and a great war to awaken us to the fact that the health and welfare of the nation depend largely upon the attitude of the general public concerning medical and nursing education and control. A recent writer on this subject has said, "Not even our public school system is of any more importance to the future welfare of the country than is the organized work of Public Health Nursing. From the cradle to the grave our people take no important step in which they do not at once feel the importance of this group. We cannot soberly contemplate the huge health problems of the war and their future readjustments without trembling at the risk we run in not preparing more fully and intelligently to meet such needs."

The general public to-day is demanding that training schools shall graduate efficient and properly trained nurses capable of performing their important work in the nursing care and health education of the community. An editorial in the *New York Evening Sun*, October 17, said: "One of the biggest jobs undertaken by anybody in New York is that of the Health Nurse. She attempts to teach our citizens 'how to get the best kind of living conditions out of the circumstances that surround them.' Could the wisest man in the world do more?"

Surely it is not unreasonable for us to expect that a community which requires service of so broad and varied a character from its graduate nurses be also sufficiently intelligent to realize that progress and development in our schools of nursing can only be assured when adequate financial support is obtained, and when schools of nursing are granted the recognition afforded other educational organizations. Then, and not until then, will the training schools be enabled to give a dignified and suitable preparation to the young women of superior intelligence and ability who will only enroll for such work when many of our present obsolete methods are eliminated, and when nursing education becomes an actuality and not merely a name.

THE SAND BAG AS AN AID IN X-RAY WORK

By E. Blanche Seyffert, R.N.

U. S. Naval Hospital, Washington, D. C.

The following suggestion, given me by a rontgenologist, in an Army Base Hospital, may be appreciated by some one else as it was by me, so I want to pass it along.

In making X-Ray plates, one of the most useful articles that I had at hand was the sand bag. Stationed near the beach, where good sand could be procured, I made three pairs of bags grading from 8 in. by 8 in., 8 in. by 4 in., 10 in. by 4 in. I made the bags of canvas and then covered them with rubber sheeting, so that if soiled they could be washed off.

Taking a strip of strong muslin and folding to make a strap 2 in. wide by 72 in. long, I pinned loops in the end of the strap and could thus insert the bags through the loops.

When making an exposure of the foot, all one had to do to steady the part, was to throw the strap over the limb, letting the bags hang over the edge of the table. If skull plates were wanted, again the strap across the forehead, bags hanging, was one of the best methods for stability for an eight to ten-second exposure necessary in cranium work, and the strap did not in any way interfere with the exposure by casting shadows, etc. In making exposure it was a rare occasion when it was necessary for any worker to expose himself unnecessarily to the rays by having to hold the part steady, which to me is a factor worthy of notice.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

MEDICATED SOAPS.—*Preventive Medicine* says medicated soaps are for the most part a snare and a delusion. The addition of carbolic acid, bichloride of mercury and other substances which combine chemically with the soap seems to diminish the value of the substance as a disinfectant. A very small quantity only can be added, in ordinary washing very little soap is used and much diluted by water, so it cannot have an energetic disinfecting action.

MINERAL WATERS.—A writer in the *Journal of the American Medical Association* says that mineral waters are closely akin to nostrums in the way some of them are exploited. One owes its activity to Glauber's salt, 50 per cent., Epsom salt, 31 per cent., cooking salt 2.5 per cent., white calcium sulphate nearly 3 per cent., and a trace of magnesium carbonate. Why make the patient pay so much for his dose of salts? Experience forced on us by the war shows us we can get on just as well, in point of fact a great deal better, without such world famous minerals, even, as "Hunyadi" or "Carlsbad." Effervescing water hastens the passage of the stomach contents onward. Water quenches thirst only while it is in the mouth and after it has left the stomach, and water is the chief ingredient in all mineral water.

CIVIL AND MILITARY SYPHILIS.—The *Canadian Medical Association Journal* states that all Canadian soldiers returning with a record of venereal disease are given the Wasserman test before being discharged. Two per cent. reacted,—all tertiary non-infectious cases, no others being permitted to return. The average number of reactions in the civilian population is from 8 to 12 per cent. It is not the civil population that has to fear the soldier, but the soldier the civil population.

PYLORIC STENOSIS AND VOMITING.—A writer in the *Medical Press and Circular* says that vomiting is not an early symptom in pyloric stenosis. The stomach begins to reject its contents only after the condition has persisted for a fairly long time. It then gives up the effort to send the food through the narrowing pylorus and chooses the easier route by the mouth. The first stage is most favorable for operation.

THE PATIENT HIMSELF.—Under this title the *Journal of the American Medical Association* publishes a most interesting paper. The author says from the beginning, life is a conflict; an effort to live and be happy; that is to say, an effort to adapt ourselves to the conditions under which we must live. The struggle between what we

consciously or unconsciously wish to do, and what the present state of society requires us to do, begins in infancy and never stops. Very early the normal child learns that certain perfectly natural functions may not be fulfilled in a completely natural way. As we grow older, these conflicts become more complex and more acute. Some of us come out of them pretty much to the satisfaction of ourselves and our neighbors. We are the happy, the well, and the successful. Some of us are unable to make the adjustment. We, then, are the unhappy, the ill, or the unsuccessful. Neuroses are a way out of trouble, or around an obstacle, selected more or less unconsciously.

THE NUTRITION SPECIALIST.—Lack of knowledge of how to adjust income and food expenditures is holding many children back in normal development. Medicine can be of no lasting value until the diet is regulated; when this is done, medicine may be unnecessary. Food economics is a work apart from nursing, just as nursing is apart from the practice of medicine. The nutrition specialist in social work fills this gap.

CONGENITAL DISLOCATION OF HIP.—The *Journal of the American Medical Association* reports a revolution in the treatment of this condition. The procedure is as follows: The pelvis is held fixed by an assistant; the thigh is fully flexed on the abdomen; pressure is made on the knee, which brings the head of the femur under the acetabulum, with the fingers of the other hand. It is accomplished in less than a minute. The child is immediately placed on the ground and allowed to walk. This method is effective only when the child first begins to walk, and has been used up to two and a half years old.

MENTAL DISORDERS.—The *Canadian Journal of Mental Hygiene* recommends that in every large center of population, a department for nervous and mental cases should be provided in connection with the best general hospital. The department should be so organized and equipped that the patients would be treated by the most approved methods in the hands of especially trained and experienced nurses and physicians. Special skill and knowledge are the only safeguards against gross neglect and mismanagement in the treatment of mental cases.

BOTULISM FROM CANNED OLIVES.—At a club banquet, seventeen persons ate or tasted ripe olives which had been canned. Fourteen became ill and seven died. The olives were packed in a sealed glass jar, but the vacuum had been accidentally destroyed. They were placed in three dishes, those in two of them having been washed. The contents of the third dish, not washed, seem to have been especially poisonous. This would lead to the conclusion that cleanliness, and rejection of food in which there is the least suspicion of spoiling, will generally protect the user.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer, to ensure publication. So many letters are being received that almost all are abridged.

A SOLDIER'S CHRISTMAS

Dear Editor: This is written in the hope that it may reach nurses and others who were on duty, Christmas, 1918, at Base Hospital 94, Pruniers, France. The mother of one of the patients there at that time has often wished to thank those who made a cheerful Christmas for her boy, and for the many other patients. A letter from her soldier son, then at Base 94, told of the decoration of the wards, made with pine greens and mistletoe gathered and put up in the wards by the convalescents; the Christmas Eve chant of "Holy Night," sung by Red Cross nurses and medical corps men, each bearing a candle; the awakening of the patients by the sound of music, faint at first, then louder, the opening of the ward door, the entrance of the singers, the passing of the procession through the ward and out into another ward, then the receding voices, all making an impressive ceremony, long to be remembered. On Christmas morning the soldier patients found a pair of heavy knitted socks for each one, filled with Christmas things—orange, candy, cakes, cigarettes, gum, and currants. There was music, a turkey dinner with generous helpings at noon, a band concert in the afternoon, a good supper, and more music and entertainment in the evening, making a happy Christmas for the patients. The mother of this soldier boy takes this opportunity to thank the persons who planned and executed the Christmas festivities, everyone who helped make it a glad Christmas, including a kind Major having charge of the hospital. While the thankful mother writes this as an expression of gratitude to all who contributed to the Christmas program, she would be pleased to learn the name and address of any one who helped make the cheerful Christmas for the soldier patients at Base 94, Pruniers, France, in 1918.

New York — Mrs. H. G. P.

(Replies may be sent to the *Journal* Office.—Ed.)

THE NURSE ANESTHETIST

Dear Editor: The article on this subject has brought many inquiries, some of which I would like to answer through the *Journal*. Although the demand for the nurse anesthetist is increasing, we must realize that a great many hospitals meet their own demand by sending graduate nurses of their own school to take the course. It would be foolish for a graduate nurse to take a course in anesthetics unless she were sure of work afterward. The course is a good beginning; to be of real value, the work must be continued for some time. Questions asked in reference to the course at the University of Pennsylvania Hospital are: Does the applicant have to be assured of a position before she can take the course? Yes. Does the hospital furnish board, room, laundry, etc.? The student anesthetist lives outside. She remains in the hospital during clinic hours. Lunch is served her at noon. Can a nurse work to earn her board, room, etc.? That is not the rule. One should write directly to the hospital for particulars.

Pennsylvania — Julia M. Sieke.

(Nurses wishing lists of schools where courses in anesthesia are given, should write to the Bureau of Information, American Red Cross, 44 East 23rd Street, New York City, enclosing a self-addressed envelope.—Ed.)

NURSING CARE FOR THE MIDDLE CLASSES

Dear Editor: Much has been published on this subject in the *Journal*, but as it seems a hard problem to solve, I venture to relate some experiences I had during the influenza epidemic a year ago, which should throw some light on the subject. Our local Red Cross chapters are well organized, and have on hand supplies of all kinds. The Red Cross sales have been a "howling" success, yielding in some of our smallest towns thousands of dollars. It has become the custom for every person, young or old, rich or poor, to be a Red Cross member. Why should not this good work be continued, and supplies and funds always be in readiness, when needed, for the care and comfort of the sick in our own community? During the epidemic, when in almost every home one or more members were stricken with influenza, often followed by the dreaded pneumonia, our Red Cross furnished pneumonia jackets and often jellies and fruits. In one instance the mother of a family of five small children was ill for weeks. Two of the children were the first victims of influenza, and in caring for them, the mother, who was in the sixth month of pregnancy, was obliged to work far beyond her strength and finally was herself stricken with the disease. The neighbors were all willing to do any work outside, taking care of stock, etc., (these people were farmers), but none would venture inside to help care for the sick. The local Red Cross Chapter took the case in hand, found some one to do the washing, procured a nurse for the mother, and sent in supplies of various kinds, clothing for the expected baby, etc. Since these people can also be members of the Red Cross, they do not feel as though they are accepting charity. It is simply carrying out our President's idea of brotherly love. I happened to be the nurse called to this particular case, and know how grateful the mother felt, and what a different feeling she had toward the Red Cross when she found that they were glad to provide comforts for American mothers and children, as well as for those of France and Belgium. As great as the need is in devastated Europe, and as much as I have regretted that I was unable to minister to the sufferers "Over There," still I have found some comfort in the thought expressed in Miss Christianson's poem in the January *Journal*, and I feel that perhaps I have been of some use at home. I believe that if this matter were laid before the various Red Cross chapters, it would be favorably received and acted upon and would prove to be the solution of the long debated question, "How shall we procure nursing care for the middle classes?"

Iowa S. X. S.

THE PRIVATE DUTY NURSE

Dear Editor: During all the years covered by the history of nursing, the private duty nurse has been an important factor, being indeed the first nurse whose efforts proved to the physician and to the public the value of nursing and who won from them the first recognition accorded nursing. It is not so long ago that there were no harmful germs, man had no appendix, and people could not be coaxed to a hospital except as a last chance. With the discovery of the germ theory of disease, the value of the possibilities of the hospital over the home became recognized and it was the private duty nurse who helped educate the public to that view. Even in the memory of some of us there has been great progress in the treatment and nursing of disease. I recall that only a few years ago, appendicitis was treated by hot compresses and rubbing to relieve pain, and after an operation, after pus had formed, the abdomen was irrigated, thus breaking down the protective wall that nature formed around the infection. With

like possibilities, a douche was often ordered three times a day after confinement. Diphtheria was just a chance membrane formed in the throat. Burns were dressed with flour, which became crusted, in removing the flour the tender new skin follicles were injured or destroyed. It has been the privilege of the nurse to demanstrate the value of securing rest and quiet for the sick, and to her more than to any one else has come the opportunity to educate the public with regard to cancer, tuberculosis, and infant care. She is in the home, knows the family more intimately than others and to her will be brought the seemingly small ailments, often so significant, but not considered of enough importance to report to a physician. To her instructions and influence may be ascribed a large place in the reduction of infant mortality in the rural districts. Also she has had much to do with securing a better class of applicants for the training schools; for coming into the home as she often does when there is great trouble, her efficient, cheerful and kindly way of handling the situation makes her the ideal of some young girl of the family and convinces her and her parents, that there is much more to nursing than the drudgery and few disagreeable duties that are always to be performed. We have accomplished much in the changed attitude of the public toward the hospital. When I began nursing, people would tell me they were so disappointed when the doctor had ordered a nurse, for they felt they had all they could do without waiting on a nurse. I have not heard that for a long time. People now depend on the nurse, they realize not only that the patient has better care, but also the routine of the household is less disturbed than with home care.

Kansas ETHEL DILTS.

RANK FOR NURSES

I.

Dear Editor: It seems to me that something more than rank is needed, before women of training and intelligence and self respect can be asked to volunteer for service another time. Most of my service overseas was in Camp Hospital 42, at Bar-sur-Aube, France. We were very busy and had little time or opportunity for social life and our relations to the officers and enlisted men were almost entirely professional. They were always considerate and kind to us and we had nothing to complain of at any time. So it was a great surprise, when we were finally returned to our base, and soon afterward, sent home, to see the conditions existing between the nurses and the officers of the Army. The trip home was a series of insults, humiliations and exasperations, from our assignment of rooms, on the sixth, seventh, and eighth decks below the state rooms of the officers on board, to the bitter and unkind remarks that were constantly made about the nurses. Finally, when we reached New York City, we were obliged to wait three hours on the wharf, while ambulances came and carried off the last officer no board. Then we walked several blocks, carrying more or less heavy luggage, to the Polyclinic Hospital, and only a few of us had been given time to get our breakfast before leaving the ship. In New York we were treated as nuisances wherever we went. Not once did I see a sign of welcome to the women who had gone with the Army, though the city was all aflutter with welcomes to the Soldiers, Sailors and Marines. At last we were given our discharge and tickets home, and time to think it all over and wonder just why the Army woman was so unpopular. If several thousand women left this country, followed the Army to France, and then came home, despised, insulted, unhonored, then a part of the blame must rest upon the women themselves! As is always the case, the quiet,

respectable, sincere majority must suffer for the foolishness, or intentional badness of the few. One morning on the boat coming home, a naval officer stopped a group of nurses with the remark, "We can't let you go there, ladies." The reply of one of them was, "We are not ladies, we are nurses!" Indeed she spoke the truth! They were not ladies, and their conduct on the entire trip proved it. We want to be treated with respect and consideration, we want our orders carried out, but no amount of military rank will gain respect from men while even a few of our number are allowed to bring discredit upon the whole organization. It would seem unnecessary to lay down strict rules for a body of grown women, going out to serve in the grim business of war, but our experience of the last two years has shown that offenders should be promptly discharged from the service and all who cannot conduct themselves properly should be kept out of the military establishment, even though they may be the favorites of some high ranking officer. I think much of the trouble starts back in the training schools. The pressure of work is always so great that many women are allowed to go through their training whose morals are known to be bad. In many hospitals, everything, even the welfare of the patients, comes secondary to catering to the wishes and whims of the doctors. I have seen a visiting surgeon fly into an angry passion because the head nurse of a ward was assisting another doctor, lower in rank than he, when he happened to enter the ward, and wanted the head nurse to make rounds with him. We could hardly expect consideration and thought for our personal welfare from a group of men who have always been made to feel that the nurse was only a piece of machinery, or a cheap servant, whose business it was to wait on them, cover up their mistakes, or give them all the credit when a patient did well. In all departments of the Army, the mistakes loom big and black, and overshadow all that was fine, and we women of the Army are reaping our share of the condemnation, all of us being judged as bad as the very few. We must stand together and demand such conditions as will make it possible to volunteer once more, knowing that we will be able to do our work well, without having to share in disgrace, humiliation and the contempt of the men with whom and for whom we work.

Florida F. W. B., R.N.

II.

Dear Editor: I have read with a good deal of interest, the various letters of complaint appearing in the JOURNAL regarding discourtesies and unfairness dealt to the members of the Army Nurse Corps by the officers and men of the Army. A layman, reading these complaints, would surely think the Army was composed of the scum of the earth, and that such a thing as a gentleman was confined to civilians only. There are always two sides to every story, and I feel justified in presenting another for the benefit of those who believe that conditions in the Army are as bad as they have been painted. We all agree that there are black sheep in every flock, and the Army is no exception, but I have found that by far the largest number of Regular Army officers are men of the highest type, and they have extended to me and to the members of the Nurse Corps every courtesy and consideration. I find just as many complaints come from nurses who served over here as from those who went overseas. I was not privileged to go overseas. It seems to me that had this opportunity been mine, I should hesitate to complain, no matter how great the hardships, trials and inconveniences. We are all glad to hear of the wonderful courage of the boys over there, and what terrible hardships they endured *in silence*, but methinks we don't hear much complaint about it from the boys these days after the war is

over and the fighting done. They accepted it as a matter of course,—they didn't expect luxury in the greatest war that was ever fought. I have been stationed at three different posts,—all large posts, and have had five different commanding officers, all belonging to the Regular Army, and that surely gives one an opportunity to judge of *conditions in general.* At my first post, U. S. A. General Hospital No. 1, New York, the Commanding Officer was a Regular Army man of twenty-one years' experience, and he was most considerate of the Nurse Corps. For eleven months I was Chief Nurse at Plattsburg Barracks, N. Y., a fifteen-hundred bed hospital, with approximately one hundred nurses. I went to this post when the Officers' Training Camp was still in operation, and in addition to our regular hospital staff of officers there were hundreds of line men and several thousand student officers. I shall not soon forget the kindness that was shown me by the Commanding Officer, a Regular Army man of ten years' experience. Support the nurses? Why, he was behind them at all times; depended on them and did everything possible for their comfort and convenience. The nurses were assigned to Officers' Quarters and nothing on the post was too good for the Army Nurse Corps. After he left, another Regular Army man of seventeen years' experience commanded, and he also backed the nurses to the limit. When that hospital decreased in number, I was transferred to Debarkation Hospital No. 51. There is no question as to the status of the Army Nurse by any officer or enlisted man in this hospital. Here, also, we have had no great difficulty in our relations to the corps men and only in a very few instances have we had any trouble at all. It was only recenty that one little difficuty did arise. A nurse on night duty requested the corps man to leave the ward and stay in the corridor, as he was irritating a patient. This the corps man refused to do and the matter was reported to the Officer of the Day, who put it in his report, which went to the Commanding Officer. I received word the next morning from the Adjutant to the effect that the nurse was absolutely in the right, that she was within her province and that the corps man was being removed from the ward that very day. Does this look like the complaints that have been heard from some of the nurses who served during the war? There will always be a certain per cent. of nurses who will not find conditions to their liking anywhere, and a good many nurses came into the service for the emergency with their own idea as to how the Army Nurse Corps should be run, but now that the war is over and they are again back in civil life, why all this tumult? If the members constituting the Army Nurse Corps at present are dissatisfied, they are the ones to complain,—not the outsiders, yet we hear very little complaint from them. Would the Army Nurses reënlist after three years' service if conditions are such as have been described? I refuse to believe that I am the only Chief Nurse in the Army who has had a square deal.

Virginia R. G. C.

VOTING BY MAIL

Dear Editor: Since my letter in the February JOURNAL, I have received an inquiry asking whether I personally approve of voting by mail. I said that each organization must decide for itself whether the objections outweigh the advantages or not. My own judgment is that the objections do decidedly outweigh the advantages.

EMMA A. FOX.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

The Convention.—The biennial convention of the American Nurses' Association will be held April 12-17, at Atlanta, Ga. The meetings will be held in The Tabernacle.

Hotels.—The Piedmont Hotel will be headquarters, with rates varying from $2 to $6 a day. Other hotels are: Hotel Ansley, $2-$4; The Cecil, $2-$5; Georgian Terrace, $2.50-$25; Hotel Winecoff, $2-$3; Imperial Hotel, $2-$6; Kimball House, $1.50-$2; Marion Hotel, $1.25-$1.50; The Pickwick, $1.50-$3.50. Nurses intending to attend the convention should engage rooms at once and should write to the hotels for particulars, as to whether the room has a bath, what the rates are for one person, for two, etc.

Credential Cards.—Credential cards will be sent to the secretaries of paid-up state associations before this JOURNAL is issued. These will be sent according to membership, one for each fifty members. In large states, where there are many cards, those not needed for the delegates who directly represent the state should be distributed among the districts, so that any nurse who attends the convention paying her own expenses, or having them paid by a district or an alumnae association, may be made a state delegate, as well. Every state should see that all its credential cards are used, but these must be signed by the state president or secretary before being sent out. Delegates having proxy votes should bring as many cards as they have votes.

Ticket of Nominations.—For President, Clara D. Noyes, District of Columbia; Sara E. Parsons, Massachusetts. For first vice president, Susan C. Francis, Pennsylvania; Esther Dart, Massachusetts. For second vice president, Sarah E. Sly, Michigan; Florence M. Johnson, New York. For secretary, Katharine DeWitt, New York. For treasurer, Mrs. C. V. Twiss, New York. For director from 1920-22 (to fill out Miss Delano's unexpired term), Frances M. Ott, Indiana; Martha I. Giltner, Georgia. Director to serve from 1920-24 (three to be chosen), Elizabeth Golding, New York; Jane Van De Vrede, Georgia; Helen Wood, Missouri; Alice Dalbey, Illinois; Margaret Dunlop, Pennsylvania; Mrs. H. Beach Morse, Michigan; Dolly Twitchell, Illinois; Lettie G. Welch, Colorado.

The Programme.—For the American Nurses' Association: Monday, April 12, 8 a. m. till 11, registration of delegates and guests; 11:15-12:15, meeting of Board of Directors; 12:30-1:30 p. m., Advisory Council, (for State Presidents, chairmen of sections and officers of the association); 2:30-5 p. m., business session; 8:30 p. m., joint opening session, address of welcome, Hon. Hugh M. Dorsey, Governor of Georgia; responses by the Presidents of the three organizations; responses by foreign delegates; address, The Nightingale Centenary (speaker to be announced later).

Tuesday, April 13, 8 a. m., Round table, Reorganization; 9:30 a. m.-12:30 p. m., Private Duty Section, Miss Ott presiding, papers on Modern Time Economics among Nurses; Present, Past and Future of Private Duty Nursing; The Nurse among Other Women; A Laywoman's Viewpoint of the Private Duty Nurse. Round Tables. 2:30-5 p. m., Round Tables. What High School Education Represents (other topics to be announced); 8.30 p. m., reception, to meet the nurses of the south and their friends.

Wednesday, April 14, 8 a. m., Round table, Reorganization; 9:30-12.30, Miss Noyes presiding, papers: Malarial Fever, Its Symptoms and Treatment, James

E. Paullon, M.D., Atlanta; Symptoms and Treatment of Pellagra, Stewart Roberts, M.D., Atlanta. Unfinished business. 2:30-4:30 p. m., Mental Hygiene Section, Miss Thomson presiding, three papers (subjects to be announced); 8:15 p. m., joint session under the auspices of the National Organization for Public Health Nursing.

Thursday, April 15, 8 a. m., Round table, Reorganization; 9:30-12:30, Legislative Section, Miss Jammé presiding. Business. 2:30-4:30, Legislative Section, continued, Miss Noyes and Miss Jammé presiding. Papers: Uniformity of State Laws of Registration; Current and Proposed Legislation in the Field of Public Health Nursing, Mary E. Lent. Corrective Diseases of Children, illustrated, Michael Hoke, M.D., Atlanta. 8:15 p. m., Red Cross Session, Miss Noyes Presiding.

Friday, April 16, 8 a. m., Round table, Reorganization; 9:30-12:30, joint session (see League programme); 2:30-4:30, joint session (see League programme); 8:15 p. m., joint session under the auspices of the National League of Nursing Education.

Saturday, 8 a. m., Round Table, Reorganization; 2:30-4 p. m., final business session; 4:30, meeting of Board of Directors.

Programme for the National League of Nursing Education

Monday, 8-10:30 a. m., Registration; 9-10:30, meeting of the Executive Board; 10:30-1, business meeting of League; 2:30-5 p. m. (see A. N. A. programme); 4.30-6 p. m., League Advisory Council; 8:30 p. m., joint opening session (see A. N. A. programme).

Tuesday, 9:30-11:30, session conducted by Committee on Education; 11:30-1 p. m., Round table; 2:30-4:30 p. m., session conducted by Committee on Education; 4:30-6, Round table; 8:15 p. m., reception.

Wednesday, 9:30-11:30, three papers on Teaching in Training Schools; 11:30-1 p. m., Round table on Teaching; 2:30-4:30, joint session on Mental Hygiene (see A. N. A. programme3; 4:30-6 p. m., Round table for superintendents of training schools; 8:15 p. m., joint session (see Public Health programme).

Thursday, 9:30-11:30, Problems of Training School Administration, two papers; 11:30-1, Round Table on Administration 2:30-4:30, Session on Legislation (see A. N. A. programme); 8:15, joint session on Nursing Education, conducted by League, two addresses.

Friday, 9:30-11:30, joint session. The Introduction of Public Health into the Training of the Student Nurse, presented from the standpoint of (a), public health nursing; and (b), the training school; 11:30-1, Round table, The Practical Working Out of Affiliations between Nursing Schools and Public Health Nursing Organizations; 2:30-4:30, joint session, two papers, The Recruiting of Student Nurses; The National Problem of Demand and Supply of Nursing Service; 4:30-6, Round table, Ward Supervision; 8:15, joint session, conducted by the Red Cross.

Saturday morning, closing business session; 2:30-4 p. m., closing joint session (see A. N. A. programme).

Programme for the National Organization for Public Health Nursing

Monday, April 12, 9:30 a. m.-1, Business session; 2:30-4:30, joint session, (see A. N. A. programme); 2-4, non-professional session, Organization and Administration, two papers, A Syndicate System of Public Information. Salary Schedules. Discussion; 8:15 p. m., joint opening session.

Tuesday, April 13, 9:30-11 a. m., *Public Health Nursing Administration.* Papers: The Need for Standardized Record and Report Forms and Accounting

Systems. Essentials of Office Administration. Discussion. *The Public Health Nurse and Hospital Social Service.* How Can We Popularize the Value of Hospital Social Service Among: the General Public, the Medical Profession, Social Workers? The Hospital Social Service Department as a Health Centre. Discussion. 11:30-1 p. m., *The Public Health Nurse and Industrial Hygiene*, two papers: Essentials of Educational Preparation and Other Requirements; Shall the Industrial Nurse Be Identified With the Industry or Affiliated with Visiting Nurse Association? Discussion. 2:30-4:30 p. m., *Newer Fields of Public Health Nursing*, three papers: The Public Health Nurse and Venereal Disease Control; The Public Health Nurse and the Extension of Acute Communicable Disease Nursing in its Relation to General Work; The Public Health Nurse and the Extension of Maternity Nursing. Discussion. 5-6 p. m., Round Table on Mental Hygiene; 8:15, social evening.

Wednesday, 9:30-11 a. m., *Rural Needs and Rural Problems;* address: The Unreached Child in the Open Country. Seven-minute responses: What Some Public Health Nurses Are Doing; paper, Some Keystone Essentials to Effective Work. Discussion. 11:30-1, address: *A National Program of Health Education and Protection for School Children.* Two papers: Is the School Nurse Primarily a Health Teacher or a Health Supervisor? Is Health Supervision of School Children a Function of Departments of Education or Departments of Health? 2:30-4:30 p. m., joint session. *Mental Hygiene.* Three papers, one of these, The Public Health Nurse and Mental Hygiene, contributed by the National Organization for Public Health Nursing. 8:15 p. m., joint session under the auspices of National Organization for Public Health Nursing. *Coordination of Public and Private Agencies in the Field of Public Health Nursing.* Two addresses: State Programs of Public Health Nursing; The Public Health Nurse—What She Is and What She Does.

Thursday, April 15, 9:30-12 m., *Community Organization for Health Work.* Two papers: The Health Center Idea in Cities. Discussion of three experiments. County Units. Discussion of three demonstrations and one sectional unit. Discussion. 2:30-5 p. m., joint session. Legislation. Three papers, one of these, Current and Proposed Legislation in the Field of Public Health Nursing, contributed by the National Organization for Public Health Nursing. 8:15 p. m., joint session, under the auspices of the League, *Nursing Education.*

Friday, April 16, 9:30 a. m.-12 m., joint session, under the auspices of the League. *The Introduction of Public Health Nursing Into the Training of the Pupil Nurse.* 2:30-4:30 p. m., joint session, under the auspices of the League. Recruiting of Nurses. 8:15 p. m., joint session, under the auspices of the American Red Cross.

Saturday, 9:30-12, closing business session; 2:30-4 p. m., closing joint session (see A. N. A. programme).

Two-day Special Sessions of the National Organization for Public Health Nursing, April 9 and 10

While the regular sessions of the convention will open on the 12th, arrangement has been made for special groups to meet concurrently on April 9 and 10. These meetings will be informal in character. They will be open to any guests who care to attend, though they are especially designed for the nurses interested in infant welfare and school nursing, tuberculosis and industrial nursing. These sessions will take the form of conferences, and will be arranged for those working in cities and for small town and rural nurses.

THE COMMITTEE ON INDUSTRIAL NURSING has not yet been able to obtain any data as to industrial nurses in the following states: Delaware, Idaho, Indiana, Iowa, New Mexico, Nevada and Utah. Will a nurse from each of these states volunteer information as to the industrial nursing situation? Replies from Arkansas, Arizona, Florida, Kentucky, Mississippi, North Dakota, South Dakota and Wyoming, indicate that there are no industrial nurses in these states.

THE AMERICAN NURSES' ASSOCIATION

The Board of Directors of the American Nurses' Association met in New York on January 15 and 16, at the Hotel Pennsylvania, all being present at one or the other of the meetings, save Miss Jammé of California. Reports of officers and committees were presented and plans were made for the convention. Resignations were accepted of one county association, sixteen alumnae associations and one Permanent Member. The application of the Arizona State Association was accepted tentatively, depending on the endorsement of the Eligibility Committee and of the Revision Committee. The recommendations of the Committee on Transfer were considered and were endorsed by a majority vote. The secretary was instructed to send these recommendations to the state associations for their consideration. This was done in the following letter which was mailed to each state president on January 27:

"Last October, the joint boards of directors of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing were asked to consider plans for continuing the work of the Bureau of Information now being conducted by the American Red Cross in New York City. The chairman of the joint boards, Miss Clara D. Noyes, was authorized to appoint a committee to consider plans for the transfer of the Bureau of Information to some other body when it should no longer be conducted by the Red Cross. Miss Noyes appointed a committee of five, with Miss M. A. Nutting as chairman. This committee gave its report at a meeting of the joint boards of directors which was held in New York City on January 15th. After discussion of the report, the plans outlined in it were approved by a majority vote of the members of the Boards who were present,—twenty-three being there. It was decided to present the recommendations of the Committee on Transfer to the state associations, asking them to take it under consideration at once, so as to send their delegates to the Atlanta convention prepared to discuss it and, if possible, to vote upon it. On the next day, January 16th, the directors of the American Nurses' Association endorsed the plan by a majority vote and the secretary was instructed to send the recommendations of the committee to the state associations for their consideration. Will you, if possible, call a meeting of the Board of Directors of your association to act upon it? The Committee on Transfer with some additions will be continued and will present the plan at the Atlanta Convention. It is quite probable that some modifications may be introduced. The committee feels that it is quite conceivable that National Headquarters might be started in a simpler way and at less expense. The attached plan, however, indicates the logical steps in development."

(Signed) KATHARINE DEWITT, Secretary.

Report of the Committee on Transfer of the Bureau of Information, (abridged):

The Bureau of Information for Nurses was established by the Red Cross in February, 1919, largely for the purpose of assisting nurses who had been in Army or Red Cross service. In this it has been of notable service. It has also

been of much service to various institutions in finding nurses of suitable training and experience. The Bureau has also served in a general advisory capacity to nurses needing further or special training for new fields of work. In addition, it has referred qualified young women candidates to training schools. It is clear that a highly useful agency has been established which ought to be maintained, as the time approaches when the Red Cross will no longer feel justified in continuing it. It would seem inadvisable to continue it in its present form. It would, however, take its place in a larger plan,—the establishment of national nursing headquarters as a center for the work of our national associations. The National Organization for Public Health Nursing has already established such a center. The committee believes that the conditions are favorable for the establishment of such headquarters and that steps should now be taken toward that end. The definite work to be carried on in such a center would be limited at first to that most urgently needed. There should be: (1) offices for the secretaries of each of the three national organizations; (2) a Bureau of Appointment and Advice; (3) a division of publicity; (4) an office for the AMERICAN JOURNAL OF NURSING; (5) a library and reading room; (6) the combined forces of all these departments. The expense of maintaining such a headquarters will undoubtedly be rather large and in order to meet it, much study of all our resources will be needed. It is our opinion that the needed income can be secured and in pursuance of this belief the committee submits the following resolutions:

A. That the three national associations of nurses take over from the Red Cross the activities of the Bureau of Advice and Information.

B. That this transfer be made as soon as suitable headquarters can be obtained (if possible in the building now housing the National Organization for Public Health Nursing), and the necessary financial and other arrangements made to conduct the work.

C. That the Bureau be taken over as a branch of a national nursing headquarters to be established in New York City, looking forward to decentralization at the earliest possible date.

D. That national headquarters include the three national nursing organizations with the coöperation of the Department of Nursing of the American Red Cross.

Three ways are presented for the administration of the headquarters.

1. Pooling the resources and personnel and vesting responsibility in a committee with proportionate representation.

2. A federation of the bodies concerned with a central committee which shall be advisory.

3. A combination of these two plans by which certain interests and expenses shall be shared, others handled by each association, under the direction of a committee which shall act as a board of trustees. This is the plan recommended.

It is recommended that these trustees to the number of three from each of the three national associations be appointed by their respective boards, and one from the Department of Nursing of the American Red Cross. It is further remmended that for the proper coördination of the work a general secretary be appointed. It would be impossible to present a budget without careful study which the committee has not yet been able to give, but an approximate idea of the probable expense would be gained from the following figures: (Note—The expenses of the Bureau of Information for eleven months have been $13,600.)

Rent, $2,000; equipment, $600; two secretaries, $5,000; two stenographers,

$2,400; other clerical aid, $1,000; Library, $2,500; running expenses, $2,000; general secretary, $3,000; total, $18,500—as a conservative estimate.[1]

The Red Cross would probably give assistance in the establishment and maintenance of these headquarters for a period of time, but ultimately the three associations must assume the entire financial support.

Elsie M. Lawler
Mary S. Gardner
Katharine Tucker
Minnie H. Ahrens
Clara D. Noyes, ex-officio
M. A. Nutting, Chairman.

THE COMMITTEE ON ARRANGEMENTS for the convention asks that nurses who have been asked to serve as hostesses for their respective states, shall send their replies promptly to Miss Martha I. Giltner, Grady Hospital, Atlanta.

THE COMMITTEE ON REVISION asks that each state association shall bring its work on reorganization up to date as far as is possible, before the convention, working especially with the alumnae associations to make sure that they divide their membership into active and non-resident, and that they provide for membership for active members in the state and national, through the alumnae.

REPORT OF THE DELEGATE FROM THE AMERICAN NURSES' ASSOCIATION TO THE STUDENT VOLUNTEER MOVEMENT, Des Moines, Iowa, December 31-January 4.

These conventions are held for the purpose of interesting students in and enlisting them for work in the missionary fields. The recent convention in Des Moines showed a marked growth in attendance. There were more than 8000 students, representing 700 institutions. About forty countries were represented, but the only language spoken was English. Heretofore, nurses have had no part in the Student Volunteer Movement in spite of the fact that they are an important part of the missionary service. Agnes Sharp, a Y. W. C. A. secretary of New York City, was instrumental in getting the invitation for the nurses to be a part of this convention. In view of the fact that a rather limited time was allowed for communication with the hospitals of the United States and Canada, there were fewer nurse delegates than there might otherwise have been. But about one hundrd and fifty nurses were present, both student and graduate, representing thirty-two hospitals and organizations. No part of the program was arranged especially to cover the ground of nursing needs, but several impromptu conferences were called which proved of great benefit and interest. At these conferences missionary nurses and doctors told of the great need for nurses in the missionary fields everywhere. Miss Porter of India stated that there were 108 trained nurses in that country, among 155,000,000 women, and that she is the only trained nurse in her district of 40,000 women. The native midwife reaches every home and she is the greatest menace the nurse meets. Through Miss Porter it was learned that the successful missionary nurse needs a thorough understanding of materia medica, she should have some knowledge of industrial and social work, should be well equipped for administrative and executive work and above all should possess the ability to handle emergencies. The English speaking nurse does very little bedside nursing, her work consists largely in training native women.

[1] These figures do not represent the salaries being paid by the American Nurses' Association at present which are, as the treasurer's annual report shows, as follows: Secretary (part time), $900; treasurer (part time), $300; chairman Revision Committee (after several years of unpaid service), $300.

At the conference for nurses the following resolutions were presented with the request that they be sent by the delegates to the Boards of Directors of the American Nurses' Association and of the National Organization for Public Health Nursing:

"Resolved, That the Board of Directors of the American Nurses' Association be asked to confer with the Educational Committee of the Student Volunteer Movement in regard to making the nurses a permanent part of the Student Volunteer Movement.

That, the AMERICAN JOURNAL OF NURSING and the *Public Health Journal* be asked to make provision, through the Missionary Boards, for publishing regularly the calls for missionary nurses.

That, the officers of the Student Volunteer Movement be asked to have their speakers present to the young women of the colleges the importance and great need for missionary nurses.

ESTELLA CAMPBELL.

ARMY NURSE CORPS

During the month of January the following transfers have been effected: Chief Nurse Margaret M. Fitzgerald from Base Hospital, Fort Sam Houston, Texas, to Camp Hospital, Camp Bragg, Fayettesville, N. C.; Chief Nurse Katherine C. Magrath, recently returned from overseas, to Post Hospital, Jackson Barracks, La.; Chief Nurse Lulu M. Gerding from Letterman General Hospital, San Francisco, to Camp Hospital, Camp Lewis, Wash., replacing Chief Nurse Clara Ellwanger, who has resigned; Chief Nurse Reba C. Cameron from General Hospital No. 43, Hampton, Va., to Base Hospital, Fort Sam Houston, Texas, replacing Chief Nurse Mary Land, who has resigned; Chief Nurse Amelia I. Goodine from Nurses' Demobilization Station, Camp Dix, N. J., to Camp Hospital, Camp Upton, N. Y.; Chief Nurse Julia Flikke from Camp Hospital, Camp Upton, N. Y., to Army and Navy General Hospital, Hot Springs, Ark., replacing Chief Nurse Louise Knapp, whose resignation has been accepted; Chief Nurse Elizabeth J. Kenny from the office of the Surgeon General, Washington, D. C., to Base Hospital, American Forces in Germany, Coblenz, Germany; and Chief Nurse Rae D. Landy from General Hospital No. 41, Fox Hills, Staten Island, N. Y., to Coblenz, Germany, for duty with American Forces in Germany.

The following named nurses have been appointed in the Army Nurse Corps: Gradie Baggarly, Florence A. Blanchfield, Elizabeth H. Crothers, Mary W. Davis, Elsie G. Edmondson, Cecelia G. Gallman, Minnie M. Hein, Ann C. Joyce, Sara E. Keeler, Clara A. Koch, Florence I. Lee, Agnes B. Maykish, Ruth E. Metcalf, C. Olive Redden, Elinor Shirley.

Twenty-nine nurses have been transferred from the Reserve to the Regular Corps.

During the recent influenza epidemic, it has been necessary to transfer two hundred nurses for temporary duty from many of the larger hospitals to camp hospitals, but they will soon be returned to their regular stations. It has been possible in this way to take care of all calls for additional nurses necessitated by the epidemic, with the exception of three places: Fort McPherson, Ga., Jefferson Barracks, Mo., and Fort Sam Houston, Texas, where permission was granted to employ local civilian nurses.

During the month of January 135 nurses were discharged from the Army Nurse Corps.

JULIA C. STIMSON,
Superintendent, Army Nurse Corps.

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received up to February 16, 1920)

Previously acknowledged	$17,171.88	Virginia	12.50
Nurses and other contributors of—		Washington	92.80
Arkansas	92.20	Wisconsin	11.00
California	92.00	Wyoming	5.00
Colorado	5.00	Canada	5.00
Connecticut	126.00	Naval Hospital, Rhode Island	26.00
Delaware	13.00	Marine Hospital, (Louisana $5.00, Washington $12.00)	17.00
Georgia	199.09	U. S. Public Health Service, (Pennsylvania $32.00, Illinois $31.50, New Jersey $24.00)	84.50
Illinois	171.00	In memory of—	
Iowa	21.00	Frances Munro, by Brenda F. Mattice	10.00
Kentucky	112.00	Maud Amelia Munn, by her mother and the nurses of St. Agnes Hospital Alumnae, Philadelphia, Pa.	20.00
Louisiana	25.00	Annie Williams, by the nurses of Base Hospital No. 19, Rochester, N. Y.	64.00
Maryland	72.00	Laura Bradley, by St. Luke's Alumnae, Cedar Rapids, Ia.	10.00
Massachusetts	26.50	Grace Copeland and Florence LeClarie, Indianapolis City Hospital Alumnae, Ind.	25.00
Michigan	45.00		
Minnesota	21.00		$20,653.72
Montana	17.00		
Missouri	475.75		
Nebraska	2.00		
North Carolina	137.00		
North Dakota	20.00		
New Hampshire	43.50		
New Jersey	327.00		
New York	550.50		
Ohio	86.00		
Oklahoma	226.00		
Pennsylvania	75.00		
South Carolina	64.00		
South Dakota	5.00		
Tennessee	5.00		
Texas	40.50		
Utah	1.00		

THE NURSES' RELIEF FUND, REPORT FOR JANUARY, 1920

Receipts

Previously acknowledged	$3,891.27
Contributions received	484.05
	$4,375.32

Disbursements

	130.30
	$4,245.02
13 Bonds	13,000.00
2 Certificates of stock	2,000.00

8 Liberty Bonds	8,000.00
1 Liberty Bond	100.00
	$27,345.02

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. Louise Twiss, *Treasurer.*

Alabama.—The Alabama State Nurses' Association held its seventh annual convention at Birmingham January 20, 1920. There was a large attendance and much interest manifested. The secretary's report showed an increase in membership over last year. The work of the year had been mainly concerned in helping to secure rank for military nurses. The report showed that Alabama had done her bit. At the afternoon session the officers of the year were elected. President, Emma Ward of Montgomery; secretary, Bertha Clement of Birmingham; treasurer, Mary Denman of Birmingham. Linna J. Denny was elected chairman of the Public Health Nurses' Section. The association decided to have a scholarship fund for the education of a public health nurse, this fund is to be a memorial to the Alabama nurse who died in the service, the amount to be $500. At the evening session many interesting addresses were made. Dr. E. M. Mason gave the address of welcome, response being made by Miss Ward. The retiring president, Miss Denman, also addressed the meeting, and Helen MacLean read a most interesting paper on the League of Nursing Education and its Purpose. Dr. George Eaves, secretary of the Alabama Anti-tuberculosis League, in behalf of the public health work, made a stirring address on the call to nurses. Miss Taylor also spoke on public health work. A luncheon was enjoyed at the Tutwiler Hotel. The Alabama League of Nursing Education, which was organized last summer, met in joint session with the Alabama State Nurses' Association at Birmingham January 20, and elected officers for the year: President, Helen MacLean; vice president, Sister Leo of Montgomery; secretary, Miss Taylor of Montgomery. Birmingham.—District Association No. 1 met on February 11, at the Young Women's Club Rooms and elected officers: President, Mary Denman; secretary-treasurer, Mrs. E. B. Cook. The nurses of the state are doing all they can to help secure Rank for Nurses and, in addition to this, they will direct their efforts toward some special study during the year.

Arizona: Tucson.—District No. 2, Pima County, held its annual meeting in Odd Fellows' Hall, February 5, Bertha C. Rowe presiding. Ten members and one visitor were present. Officers elected for the coming year are: President, Mrs. Mary C. Strickler; vice presidents, Margaret Coutauche, Emma L. Marr; secretary, Margaret Gillman; treasurer, Kathryn MacKay.

California.—The California State Nurses' Association will hold its seventeenth annual convention in Los Angeles, May 10-12. A good programme and a splendid convention are assured.

Colorado: Pueblo.—The University of Colorado Extension Division and the Colorado Fuel and Iron Company are establishing a four months' course in Public Health Nursing at the Minnequa Steel Works and Hospital with field work in Pueblo and the mining camps. The first course will open on March 1 and extend through June 21. There will be lectures and class work twelve hours weekly, in the afternoons, during the first three months. The field work

will be apportioned, four weeks each, among child welfare, industrial, school, and visiting nursing, and the mining camps. The course is accredited by the National Organization for Public Health Nursing and the American Red Cross. Particulars will be furnished by Mary B. Eyre, Director, Minnequa Hospital, Pueblo.

Connecticut.—THE CONNECTICUT LEAGUE OF NURSING EDUCATION, THE CONNECTICUT ORGANIZATION FOR PUBLIC HEALTH NURSING, and the GRADUATE NURSES' ASSOCIATION OF CONNECTICUT, held their annual meeting in New Haven, January 27, 28 and 29. The first day was given over to the League. There was an interesting talk by Dr. D. R. Lyman and short papers by hospital superintendents and visiting nurse superintendents. Tea was served at Grace Hospital at 4:30. In the evening there was a mass meeting of all the nursing organizations, in charge of the state Red Cross committee. Florence M. Johnson, director of the Atlantic Division Nursing Service, was present and her inspiring address was much appreciated. January 28 was Public Health Day. The morning was given over to Round Tables, and the Lay Members' Section held a round table at the Visiting Nurses' Association. At the afternoon session, Anne Stevens, of the Maternity Center Association, New York, gave an address on Pre-natal Nursing, and Dr. Forbes, of Bridgeport, spoke on Dental Work. In the evening, the annual dinner was held at the New Haven Lawn Club, with about 65 members present. Many important subjects were discussed informally, and the dinner, and the social hour which followed, were greatly enjoyed. January 28 was devoted to the Graduate Nurses' Association. Martha Wilkinson, of the Hartford Visiting Nurses' Association, gave a most interesting history of the state association. Many of the younger graduates had never heard of the trials of the early days. Miss Stack, the president of the State Association, spoke of the need of working in closer touch with each other. A strong plea was made by both Miss Stack and Miss Wilkinson in behalf of the Memorial Fund, and a collection was taken and a committee appointed to take care of this matter. A letter was read from Mary Grace Hills, the former president, who is spending the winter in California, and greetings were wired her from the association. New officers of the Graduate Nurses' Association are: President, Harriet E. Gregory, New Haven; secretary, Winifred La Fountaine, 760 Prospect Street, New Haven. New Haven.—HARRIET GREGORY, formerly engaged in public health work in Waterbury, has been appointed registrar of the Central Directory at 1145 Chapel Street.

Delaware.—THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES held its ninth annual meeting January 14, at Red Cross Teaching Center, Wilmington. There was a large attendance. The president, in her address, urged all nurses entering the state to become registered, as required by law. She also urged the association to take up the registration of practical nurses and attendants, and to secure the passage of this bill at the next session of the legislature. Contributions to the Relief Fund were also urged. The secretary announced the donation by B. F. Shaw of a house to be used as a Nurses' Club. The house will not be available for two years. Blanche E. Lockwood and Evelyn B. Hayes were appointed delegates to the Atlanta Convention, with Marie T. Lockwood and Anna B. Hook as alternates. Estelle Washington and Bertha Schrank were appointed delegates to the convention of State Federation of Women's Clubs. It was decided to plant trees along the new state highway in memory of Delaware nurses who died during the war. Edith Hughes gave an address on "Investment of Savings." There was a debate on "Ways to Reduce High Cost

of Living." The association has been incorporated during the past year, and has completed the revision of by-laws to agree with the American Nurses' Association, as have all of the alumnae associations of the state. A section on Public Health Nursing was organized, with Mrs. E. S. Johnston as chairman. Mary A. Moran was appointed by the Governor as a member of the State Board of Examiners. The following officers were elected: President, Mary A. Moran; vice presidents, Mrs. Estelle Hall Speakman, Marie T. Lockwood; secretary, Eva B. Hayes; treasurer, Mrs. Walter O. Stack; councillors, for three years, A. H. Turner and Florence J. Thomas; for two years, Mrs. Howard G. Marston and Anna L. Meier; for one year, Mary A. Kane, Susan Selby Young.

Georgia: Atlanta.—THE NURSES OF GRADY HOSPITAL raised their contribution to the Memorial Fund, $65, by giving a very amusing "Zoo" one evening in January.

Idaho.—THE LAST LEGISLATURE changed the administration of the law pertaining to the registration of nurses, in that the Department of Law Enforcement assumes these duties and provides that the department shall call in an examining or advisory committee consisting of two registered nurses and one physician to handle professional features, such as giving examinations, passing on reciprocal licenses, etc. Paul Davis is Director of the Bureau of License. THE IDAHO STATE NURSES' ASSOCIATION will hold its annual meeting on March 2, at the Y. W. C. A. Building, Boise.

Illinois: Chicago.—A NEW ORGANIZATION has been formed, known as the Central Council on Nursing Education which will disseminate information regarding the education, the achievement and the possibilities of the nursing profession. Organizations engaged in nursing education are eligible to membership, and already seven hospitals are affiliated, with four delegates each, one of whom is the Director of Nursing. Katherine M. Olmstead has been appointed executive secretary and an office has been opened with the Collegiate Bureau of Occupation. An immediate effort will be made to interest high school graduates and college women in the profession. The Executive Committee consists of: Chairman, Martha Wilson, representing the Children's Memorial Hospital; vice chairman, Mrs. Perkins B. Bass, the Presbyterian Hospital; secretary, Mrs. Ira Couch Wood, the Illinois Training School; treasurer, Chauncey B. Borland, St. Luke's Hospital; chairman Finance Committee, William D. Allen, the Evanston Hospital; chairman Credential Committee, Bena M. Henderson, representing the nursing profession; A. J. Pfiaum, Michael Reese Hospital; M. Haddon MacLean, Wesley Hospital, member-at-large. LILLIAN M. UBCH, graduate of the Illinois Training School, after returning from war service, has resumed her former position as head nurse in Quinqua Hospital, Quinqua, Guatemala. EILEEN JENSEN and MAUDE JUDY, class of 1915, Illinois Training School, are to do Red Cross work in the Balkans. ANITA GILBERT, class of 1919, Presbyterian Hospital, has gone to Bulgaria for Red Cross work. FREIDA CARLSON, class of 1917, Presbyterian Hospital, has been assigned to Red Cross work in Poland. THE VISITING NURSE ASSOCIATION OF CHICAGO held its thirtieth annual meeting on January 29, in the Fortnightly Room of the Fine Arts Building. Reports were read by the president and chairmen of committees, after which officers were elected for the coming year. ST. LUKE'S HOSPITAL was threatened by fire on January 9, when one of its buildings was destroyed. Patients were moved to points of safety, displaying much courage during the time of danger. HAHNEMANN HOSPITAL alumnae are reported as follows: Clara Baker and Minnie Reser, class of 1906, as superintendent and surgical supervisor, respectively, of

Bishop Clarkson Memorial Hospital, Omaha, Neb.; Mae MacCartney, class of 1908, superintendent of nurses, Synodical Presbyterian Hospital, Waterloo, Iowa; Rose Starn, class of 1905, floor supervisor, Mary Thompson Hospital; Ann Hanson, class of 1907, surgical supervisor, Washington Park Hospital; Elizabeth Landaky, class of 1918, floor supervisor of Aurora Hospital, Aurora; Hazel Smale, class of 1919, night supervisor of McAlister Hospital, Waukegan; Dolly Tibbs, class of 1916, industrial nurse, Goodman Mfg. Co.; Elizabeth Tessiatore, class of 1916, Marine Corps, Palo Alto, Cal.; Hattie Hurst, class of 1918, school nursing, Joliet; Lydia Barnes, class of 1918, chief public health nurse, New Philadelphia, Ohio. WESLEY MEMORIAL HOSPITAL alumnae have accepted the following positions: Minnie Everhart, class of 1915, is floor supervisor in the Methodist Hospital, Los Angeles and Mary E. Ostheimer, class of 1918, is in charge of one of the floors; Ethel Mitchell, class of 1915, is assistant night supervisor at the Chicago Lying-In Hospital. Waukegan.—C. KIRK, graduate of the Jane Mc Alister Hospital, has accepted a position with the Steel and Wire Works at Joliet.

Indiana: Fort Wayne.—LUTHERAN HOSPITAL ALUMNAE ASSOCIATION at its annual meeting elected the following officers: President, Pauline Bischoff; vice presidents, Anna Holtman, Nora German; secretary, Lottie B. Keller, Lutheran Hospital; treasurer, Violet Wehrle, 2915 S. Lafayette Street. Chairmen of committees: Executive, Pauline Bischoff; Programme, Anna Holtman; Social, Anna Holtkamp; Auditing, Louise Nicol; Sick, Minnie Valthauer; By-laws, Florence Clark; Nominating, Katharine Schmidt. The association has 58 active, 35 nonresident and 5 honorary members. At the February meeting Frances M. Ott spoke on Private Duty Nursing.

Iowa: Cedar Rapids.—MERCY HOSPITAL graduates are reported in new positions as follows: Mae Tobin, class of 1915, has resumed her position as assistant to Dr. Snitky, of Belle Plaine General Hospital. Margaret Touhey, class of 1917, and Gertrude McDonnell, class of 1916, have become Sisters of Mercy. Sister Mary Yve, formerly Anna West, class of 1915, has been appointed supervisor of Surgical Dressing Department at Mercy Hospital. Eva Rhatigan, class of 1918, has accepted a position as chief nurse and assistant to Dr. Ross at North English. Kathryn Hoy, class of 1916, has accepted a position as head nurse in the Illinois Central Hospital, Chicago. Winnifred Warren, class of 1918, is in Siberia doing Red Cross work. Dena Walsh, class of 1916, and Nell Verink, class of 1915, have accepted positions as supervisors in a general hospital in Colorado. Mary McClernon, class of 1912, is surgical supervisor in a general hospital in South Dakota. Kathryn Fox, class of 1918, has accepted a position as public health visiting nurse. Minnie Schorfield is in Public Health Hospital Service in Philadelphia. Sioux City.—THE SIOUX CITY DISTRICT held its annual meeting on December 2, at the Nurses' Club, and elected the following officers: President, Augusta M. Hefner; vice president, Mary A. Keas; secretary, Anna Warlwick; treasurer, Bertha Euver; directors, first year, Kathryn Jurgesen, Cecilia Strief; second year, Mayme Stevensen, Sister Mary Redempta; third year, Etta Falconer; registry committee, Anna Dale, Lena Olendorf. Davenport. —MERCY HOSPITAL celebrated its golden anniversary December 28, at which time the nurses home, which was just completed at a cost of $150,000.00, was dedicated. After the service, dinner was served. MERCY HOSPITAL ALUMNAE, at their meeting January 16, donated $200.00 towards furnishing the library of the new nurses' home. The following officers were elected: President, Elizabeth Grossman; vice presidents, Stella Furlong, Lillian Phelan; treasurer, Katherine

Schroeder; secretary, Gertrude Shanley; auditor, Agnes Conway; executive committee, three years, Sister Mary Loretta; two years, Mrs. E. J. Flynn; one year, Mildred Grant.

Maine.—THE MAINE STATE NURSES' ASSOCIATION held its annual meeting on January 22, at the Bangor House, Bangor. The three districts of the state were well represented. Miss Metcalfe, chairman of the Revision Committee, presented the changes in the by-laws to conform to the requirements of the American Nurses' Association. These were adopted. In her president's address, Lucy J. Potter thanked the members for their coöperation and urged them to greater efforts. She spoke of public health work, rank for nurses, the Relief Fund, the JOURNAL, business and professional women's clubs, and the support of a French war orphan. Mrs. Sarah Hyde gave a report of the spring meeting of the Maine Federation of Women's Clubs. The following officers were elected: President, Lucy J. Potter; vice presidents, Margaret Dearness, Nellie M. Pine; secretary, Katharine A. Keating; treasurer, Mary A. Penny; directors, Sarah Hayden, Ida Washburn, Betsey Edgecourt, Rachel Metcalfe. Contributions amounting to $44.50 were taken for the support of the French war orphan, adopted in January, 1919. The work of soliciting for the Relief Fund, the Memorial Fund, and for JOURNAL subscriptions was turned over to the district associations. A delightful banquet was served at noon in a private dining room. The afternoon session was opened with prayer by Rev. C. A. Moore and an address of welcome by Mayor Woodman. Responses were given by members from the three districts. An illustrated lecture on Battle Fields and Training Camps of France was given by Dr. Robinson, assisted by Dr. Humphrey. Katharine Keating spoke on National Organization of Business and Professional Women's Clubs. A report of the New England Sectional Meeting was given by Rachel Metcalfe. Edith Soule told of her work as a district nurse at Hyannis, Mass. Resolutions were adopted endorsing the National Federation of Business and Professional Women's Clubs, endorsing the government's thrift organizations, the idea of the Memorial Fund, and expressing regret at the loss of Jane A. Delano.

Maryland.—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its sixteenth annual meeting in Osler Hall, Baltimore, on January 29 and 30. The Maryland State Public Health Nurses' Association and the Maryland State League of Nursing Education held meetings at the same time. The program included papers of much interest. Mary E. Lent spoke on nursing conditions in the Far East and the Maryland nurses gave Miss Lent a most hearty welcome. Florence S. Wright, author of Industrial Nursing, gave an interesting talk in regard to the nurse's work in industry, answered many questions, and was most helpful to many who availed themselves of this splendid opportunity of obtaining valuable information. Sallie Carter spoke on Americanization to a large and interested audience. Miss Carter gave much credit to the nurses for the assistance they gave to the foreign residents of the state. On Friday morning, at the Johns Hopkins Hospital, the practical nursing instructors in the Baltimore training schools held a demonstration of Nursing Procedures which proved most helpful. Clara D. Noyes was expected for the evening meeting on the 30th, but was unavoidably prevented from coming. At the business meeting the various committees reported progress in the work during the year. A committee has been appointed to draft a plan of organization of a Central Nurses Club in Baltimore. Officers elected were: President, Elsie M. Lawlor; vice presidents, Jane E. Nash and Eleanor Evans; secretary, Sarah F. Martin; treasurer, Bernice

V. Conner; counsellors, Marie A. Gorter, Janet Nesbit, Mary L. Kelly, Mrs. Elizabeth Hurst, Mrs. Robert Bay and Mrs. George F. Sargent. During February the State Association held the following meetings: February 16, Mrs. Eudora Edwards on Thrift; February 23, Dr. Gertrude Bussey of Goucher College on Ethics and Ethical Standards for Women; February 27, S. Lillian Clayton, The National League of Nursing Education and its Relation to Local and State Organizations.

Massachusetts.—THE BOARD OF REGISTRATION OF NURSES will hold an examination on Tuesday and Wednesday, April 13 and 14. Application must be filed five days in advance. Walter P. Bowers, M.D., Secretary. **Boston.**—WINIFRED RAND, director of the Boston Baby Hygiene Association has been appointed chairman of the Committee on Nursing and Social Work of the American Child Hygiene Association. **Northampton.**—COOLEY DICKINSON HOSPITAL has been given a new nurses' home in memory of Alexander McCallum, and to carry out his wishes. Tentative plans for the proposed building were submitted by the donors, Mrs. Catherine S. McCallum and George Bliss McCallum, to be altered and improved as may seem wise to the trustees. A former gift of money from Alexander McCallum, which was to have been used to build the nurses' home, will be used as endowment fund, the income therefrom to be used for the upkeep and care of the building.

Missouri: St. Louis.—BERTHA LOVE, recently returned from overseas service, is now assistant registrar and financial secretary at the Central Directory. JEWISH HOSPITAL ALUMNAE ASSOCIATION held its annual meeting October 14, in the Nurses' Home. All overseas nurses had returned home, Caroline K. Struck, class of 1914, and Erna Sutton, class of 1917, remaining in service. The following members are doing public health work: Martha Sander, class of 1911, St. Louis; Matilda C. Bell, class of 1912, Palo Alto, Cal.; Margaret Davison, class of 1912, Miami, Okla; Edna Wenger, class of 1914, Little Rock, Ark.; Lillian Kreitz, class of 1918, Oklahoma City, Okla. Other members have accepted positions as follows: Dora Carter, class of 1905, night superintendent of Easton Hospital, Easton, Pa.; Anna C. Robinson, class of 1909, industrial nurse, Anderson; Ind.; Elsa Warner, class of 1913, superintendent of Jewish Shelter Home, St. Louis; Ella Hanson, class of 1915, superintendent of Randell Hospital, Lander, Wyo.; Catherine Terry, superintendent St. Louis University Dispensary, St. Louis; Virginia Ford, class of 1917, instructress, Jewish Hospital; Kate M. Apple, class of 1918, assistant roentgenologist, Jewish Hospital; Vera Miesner, class of 1918, school nurse, St. Louis; Elinor Shine, class of 1918, doctor's assistant, St. Louis; Adella Steinmetz, class of 1919, night superintendent, St. Louis Maternity Hospital, St. Louis. The following are the officers for 1920: President, Olga Wiegmann; vice-president, Mrs. Elsa Warner; secretary, Avanella Struss; treasurer, Kate M. Appel; directors, Lena Fabick, Mrs. Clara P. Holmes, Isabel G. Simpson. LUTHERAN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in December, in the nurses' home. The following officers were elected: President, Marie Brockman; vice presidents, Jean Calder Mary Stahl; secretaries, Anna Haertlein, Rieka Boedecker; treasurer, Emma Oberkircher; executive board, Alma Straube, Laura Fricke, Martha Mayford; chairmen of committees, Elvira Rommel and A. Frieda Landsky. Nellie Treuthart and Ada Welty left for navy service in Charleston, S. C., in January. The following nurses are doing public health work: Emma Wehner, Fort Staunton, Mex.; Clara Bruenner, Fort Sam Houston, Tex.; Minnie Heuerman, Battle Creek, Neb.; Lydia Fricke, Bonne Terre, Mo.

Nebraska: Omaha.—GOVERNOR MCKELVIE designated Sunday, January 25, as a day of tribute to the American army nurses throughout the state. DISTRICT No. 2 held its annual meeting January 13 at the Y. W. C. A. The association voted $40.00 towards the expenses of a delegate to the Atlanta convention. Five dollars was donated to the Y. W. C. A. One-third of the state's expense towards raising funds for the Nightingale Memorial Fund was paid by the district. Florence McCabe, superintendent of the visiting nurse association, spoke on various phases of public health nursing. Helen King gave an address on Nursing in Infantile Paralysis, and also described the work of the newly organized society for the relief of the disabled. The following officers were elected: President, Luella Larsen; vice president, Grace Bradley; secretary, Lorna Allen; treasurer, Jennie Gillespie; director for three yars, Florence McCabe. Anna Skov, recently returned from overseas, will take a course in county nursing at Ann Arbor. **Grand Island.**—DISTRICT No. 1 of the State Association held its annual meeting recently and elected the following: President, Bertha Bryant, Grand Island; vice president, Cornelia Carse, Hastings; secretary, Mertie Johnson, Grand Island; treasurer, Mrs. G. H. Anderson, Holdredge. Following the business session and luncheon, a social hour was held, during which there was a round table discussion on the problem of shortage of applicants for our schools. Miss Bryant gave an address on the History of Public Health Nursing. Miss Juel told of the conference of public health nurses in Chicago.

New Hampshire.—THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE will hold its quarterly meeting at the Nurses' Home of the Eliot Hospital, Manchester, March 10. It is expected that Miss Eldredge will address the meeting and it is also hoped that Mrs. Harriman, a recent president of the New Hampshire Federation of Women's Clubs, of which the State Association is a member, will be present and tell something of the federation work in the state. A good attendance in confidently expected to hear these two people who are sure to present a program of unusual interest.

New Jersey.—DISTRICT No. 1 of the State Association held a meeting January 19, at the Y. W. C. A., Newark, when Miss Eldredge, Interstate Secretary, spoke on Organization, emphasizing the part that alumnae associations play in the district, urging better coöperation between superintendents of training schools and alumnae, and advising that senior nurses be invited to attend nurses' meetings as guests. On January 6, District No. 1 held its annual meeting when the following officers were elected: President, Anna E. Greatsinger, Montclair; vice president, Caroline Schmoker; secretary, Emilie Williams, Silver Lake; treasurer, Anna M. Quinn, Elizabeth; directors, Jennie M. Shaw, Marietta B. Squire and Mary Mason. Arabella Creech, who presided, spoke on the shortage of applicants, rank for army nurses, health insurance and the desired amendments to the nurse practice act. Helen Howes, now living in New York, spoke of New York legislation.

New York: White Plains.—WESTCHESTER COUNTY ASSOCIATION OF PUBLIC HEALTH NURSES held its regular monthly meeting at the County Court House, January 23. The speakers were Mrs. Jessie Ackley, public health nurse of White Plains, Lena Coleman, Harrison Visiting Nursing Association, and Roberta Fulton, Red Cross Secretary. A committee of two was appointed to visit tuberculosis dispensaries and public schools. A traveling bag was presented to the County Nurse, who is leaving to take a position in the west. **Binghamton.**—DISTRICT No. 5 held its January meeting in the Public Library. The constitution and by-laws were adopted. The Mullan-Kenyon Nurses' bill was endorsed. The

following officers were elected: President, Mrs. David Warner, Union; vice presidents, Clara Woolsey, Ithaca; Cora Head, Binghamton; secretary, Susan Carpenter, Binghamton; treasurer, Ida Beach, Johnson City; directors, Mrs. Harriet Bond Crisfield, Lois Lain, Anna Kennedy and Mrs. Caroyln Weller Knapp, all of Binghamton. Clifton Springs.—BLANCHE L. NILES, superintendent of nurses of the Clifton Springs Sanitarium, has accepted a position in Southern Pines, N. C. Miss Niles has been connected with the sanitarium for many years; her absence is sincerely regretted. Alice Newton will be her successor. Rochester.—ST. MARY'S ALUMNAE ASSOCIATION held its annual meeting, at which the following officers were elected: President, Barbara Walter; vice president, Mrs. Fred Stehle; secretary, Florence Faughnan; treasurer, Helen Ward; auditor, Corrinne McGurn; Board of Directors, Margaret Cunningham, Nora Meagher, Margaret Lynch; chairman program committee, Barbara Walter; chairman nominating committee, Frances McCauley. THE GENESEE VALLEY NURSES' ASSOCIATION, DISTRICT No. 2, met on the evening of January 27 at the Club House. Mrs. Howard spoke on the work of the City Federation, St. Mary's Alumnae were the hostesses. Dansville.—LOUISE M. SPOHR, graduate of St. Luke's, Chicago, is chief nurse at the U. S. P. H. Hospital here. Buffalo.—WESTERN NEW YORK DISTRICT No. 1 held a regular meeting on January 21, at the Deaconess Hospital, whose alumnae took charge of the programme, which consisted of music and a talk on Happiness by Mrs. Osgood Holland. The February meeting was held on the 18th at the Hutchinson High School, the Erie County Hospital Alumnae being hostesses. An address was given by Marion DeForest. Saranac Lake.—DISTRICT No. 8 met as the guests of Madeline Smith of the Reception Hospital on February 3. Miss Carmen, a member of the McGill Unit of Montreal, gave a most interesting talk on her experiences in France. Brooklyn.—THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNAE held its annual meeting at the Nurses' Home, February 3, and elected the following officers: President, Mrs. F. H. McChesney; vice presidents, Helen Newart, Mrs. John Jennings; recording secretary, Lilian Halliday; recording secretary, Mrs. Alice de Zouche; treasurer, Mary E. Holt; director, Mrs. Walter Eaton. All except the first vice president held office last year.

North Carolina: Greensboro.—DISTRICT No. 4 held its annual meeting January 6, at which time its organization was completed. The members are enthusiastic about the new association, which embraces the counties of Guilford, Alamance, Caswell, Moore, Montgomery, Rockingham and Randolph. The following officers were elected: President, Mrs. Dorothy Hayden; vice presidents, Mrs. Blanche T. Lambe, Gilbert Muse; secretary, Jessie McLean; treasurer, Cora Beam; directors for two years, Mary Oldham, Flora Matthews; directors for one year, Bert C. Nichols, Margaret Neville.

North Dakota.—THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold an examination in Bismarck April 26 and 27, 1920. All applications must be in the hands of the secretary at least ten days prior to the date set for examination. For further information address M. Clark, Secretary and Treasurer, General Hospital, Devils Lake, North Dakota.

Ohio: Cleveland.—ST. VINCENT'S CHARITY HOSPITAL ALUMNAE ASSOCIATION entertained forty members who have returned from overseas service and the fifteen graduates of the 1919 class at a costume dinner party and dance on January 5, at the Knights of Columbus Club. By amendment of the constitution of the association, Rt. Rev. John P. Farrelly, Bishop of Cleveland, was made the first

honorary member. **Cincinnati.**—THE SOCIAL UNIT CONFERENCE adopted the following resolution on October 24, 1919:

Resolved, That it is the sense of this conference that the problem of developing a nursing program for communities in America is one which demands not only careful study of the best nursing work everywhere but thorough and intensive experimentation on a district basis, carried on with the best aid and advice which it is possible to obtain. The conference believes that the Mohawk-Brighton District, where the nurses are not only democratically organized but are related in a unique way to other local groups as well as to all the citizens, offers a peculiarly effective field for experimentation. It is the opinion of the conference that earnest support should be given to the Social Unit nursing program in order to make the results of its work of the greatest benefit to Cincinnati as a whole and the entire country. **Youngstown.**—DISTRICT No. 3 held its annual meeting January 21. The district has a membership of eighty. These officers were elected: President, Clara B. Peck; vice presidents, Verne Cover, Mary Surbray; secretary, Miss Askew; treasurer, Mrs. Katherine Kennison; trustees, Mary Drohan, Emma S. Modeland and M. Edna Womer. Claribel Wheeler, president of the Ohio State Association, will speak at the next meeting of the district, March 17. **Ashtabula.**—ASHTABULA GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the nurses' home December 8. After the business meeting Mrs. Milton Brown gave an interesting talk. **Conneaut.**—KATE MEYER, who has been in the army service nearly three years, has accepted a position in public health work in Lenar, Colo. A new hospital, to be called Brown Memorial Hospital, is to be erected on West Main Street.

Panama.—DRS. MAYO AND MARTIN, who are on an extended tour covering the western coast of South America, visited the Ancon and Santo Tomas hospitals on January 17. **Santo Tomas.**—SANTO TOMAS HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises January 31. Diplomas were presented to the seven graduates by Major Edgar A. Bocock, Medical Corps, U. S. Army, Superintendent and Director of the Training School. This training school is one of the few institutions of its kind in any of the Latin and South American countries, and is meeting with great success. Thirty-five selected pupil nurses of Panamanian nationality form the school and during its three years of operation, twenty-nine diplomas have been awarded. These graduates are widely distributed throughout several hospitals of South America.

Pennsylvania: Philadelphia.—THE PHILADELPHIA GENERAL HOSPITAL was represented in the International Student Volunteer Convention, which met in Des Moines, Iowa, December 31-January 4, by three students of the training school, a member of each class being selected as a delegate. These students returned with so much enthusiasm for and interest in the work of the movement that a large number of the nurses gathered at the Vesper Service on Sunday, January 18, to hear their reports. HOWARD HOSPITAL ALUMNAE ASSOCIATION elected the following officers for the year 1920: President, Miss Stafford; vice president, Miss Healy; secretary, Miss Walsh; treasurer, A. Woodward; directors for two years, Misses Biddle and Reighard; chairmen of committees: Auditing, Mrs. Price; Finance, Katherine Smith; Membership, Miss Stone, Press and Publication, Miss Houghton; Program, Miss Bisbing; Visiting, Mrs. Sutterly. **Scranton.**—THE STATE HOSPITAL ALUMNAE ASSOCIATION, at its annual meeting, February 5, elected the following officers: President, Estelle Holland; vice president, Jeanette Edwards; secretary, Gretchen Denmon; treasurer, Ruth Belles; director, Emily Gamewell Smith.

Rhode Island.—THE RHODE ISLAND STATE NURSES' ASSOCIATION held its annual meeting at the Medical Library, Providence, January 30. A speaker from the Y. W. C. A. spoke of its campaign for funds, and there was an address on Americanization. A committee was appointed to visit the state pier when the next Fabre Liner comes in to see what is being done for the immigrants, with a view to helping improve conditions. Officers elected are: President, Lucy C. Ayres; vice presidents, Winifred L. Fitzpatrick, Emily C. Jehan; corresponding secretary, Edith Barnard; recording secretary, Alice O'Rourke; treasurer, Edwina Porter. Mrs. Churchill, the retiring president, after nine years of service, was presented with flowers in appreciation of her work. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION held its annual meeting at the Memorial Hospital, Pawtucket, on January 23. Miss Selby was reëlected president; Lucy C. Ayers, first vice president; E. F. Sherman, recording secretary; Edith Clapp, corresponding secretary; Maude F. Denico, treasurer. The work of the Committees on Curriculum and Education was discussed; a course in Biology has been arranged for nurses, including pupils, at Brown University and has been carried on very profitably; another course is to be begun soon in Teaching Methods. Elizabeth Ross of the New England Division of the Red Cross was present and spoke. Mrs. I. D. Hasbrouck spoke for the Y. M. C. A. Campaign, after which Miss Selby gave a report of the mid-year meeting of the Council of the League of Nursing Education held in New York recently. Three new members were accepted. **Providence.**—THE PROVIDENCE DISTRICT NURSING ASSOCIATION held its annual meeting at the Arnold Biological Laboratory, Brown University, on January 20. The report of the work of the nurses was read by Miss Fitzpatrick, assistant superintendent. Mary S. Gardiner, superintendent, spoke of The Beginnings of Public Health Work in Italy. THE RHODE ISLAND NURSES' ALUMNAE held its annual meeting and banquet at the Crown Hotel on January 27. Emma L. Stowe and Mrs. G. W. H. Ritchie, honorary members from out of town, were present; toasts were given to our Alma Mater by Inez C. Lord, another honorary member; to Our Alumnae by Miss Edgecomb, president; to Our Deceased Members by E. F. Sherman. Letters from absent members were read by M. L. Daly, including one from Professor Groff. At the business meeting Miss Edgecomb was reëlected president, with Annie McCauley and Mrs. Nellie S. Reynolds as vice presidents; recording secretary, Karen C. Nielson; corresponding secretary, Mrs. Arthur Savard; treasurer, Mrs. Nellie S. Bowen. A committee was appointed to try to raise $4000 to endow a bed for six nurses at the Rhode Island Hospital. Each member present was asked to pledge to raise $10. Lucy C. Ayers has been reappointed on the State Board of Examiners. THE RHODE ISLAND HOSPITAL NURSES' CLUB met February 3. Dr. Charles V. Chapin, Superintendent of Health, spoke of The Scope of Public Health Work.

South Carolina: Columbia.—THE COLUMBIA HOSPITAL ALUMNAE was organized in December, 1910. At its meeting held January 29, last, a new constitution and by-laws were adopted in harmony with those of District No. 3. The following officers were elected: President, Margaret C. Grey; vice president, Emily C. Lartigue; secretary, Nellie M. Bradley; treasurer, Marie Sadler; Board of Directors, Della Ross, S. C. Clowney, A. E. Thomas. Following the election of officers, the association was addressed by Mary C. McKenna, president of the South Carolina Graduate Nurses' Association and superintendent of the Columbia Hospital Training School for Nurses. A social hour followed.

South Dakota: Vermillion.—THE STATE UNIVERSITY is establishing a course in Public Health Nursing, as a result of a request sent by the State Nurses'

Association, in July, 1919, to the Regents. On January 6 a meeting was held at Sioux Falls, at which a report on the proposed course was considered. Those present at the meeting representing the Regents of Education and the university staff were: Robert L. Slagle, president of the State University; Christian P. Lommen, dean, College of Medicine; T. W. Dwight, president, Board of Regents; I. D. Aldrich, secretary, Board of Regents; Dr. F. A. Spafford, Board of Regents. Representing the South Dakota State Association of Graduate Nurses were: Mrs. Elizabeth Dryborough, president; Mable Wells, president, District No. 2; Clara S. Ingvalson, president, State Nurses' Examining Board; Johanna Hegdahl. Mrs. Bessie A. Haasis, Educational Secretary of the National Organization of Public Health Nursing, was present and gave the Board an outline of the proposed course to be established at the State University. Mrs. Haasis also gave a talk in the evening at the 7th District Medical Association, which was held in the Cataract Hotel. After hearing Mrs. Haasis present her plan for the course, the members were very enthusiastic and pledged their support in helping to carry it out. The course is to be opened in September, 1920. The Director of the Department is to be a public health nurse with college degree. The field work is to be given in the different counties of the state where the public health work is well developed. The length of the course is not yet decided.

Wisconsin: Oshkosh.—District No. 6 held its first annual meeting January 13 in the City Hall. A large number of nurses were present. The first number on the program was an address on Child Hygiene by Dr. A. B. Schwartz, of the Children's and Infants' Home of Milwaukee, a specialist on child welfare. He emphasized the importance of reporting communicable diseases, and keeping an accurate record of the birth rate and death rate. Fern Chase, social service worker, gave a talk on Wisconsin's program for the control of social diseases. Dorothy Erdman, County Health Nurse for Winnebago County, spoke briefly on the great need for Public Health Nurses, and urged more nurses to take advantage of the special courses of training which fit them especially for such service. The Eighth District of the State Association was formed at a meeting held during January, with the following officers: President, Winifred Lott, Wausau; vice presidents, Mrs. Ella B. Smith, Mary Larson; secretary, Mrs. C. D. Partridge; treasurer, Mrs. O. H. Amunson. Milwaukee.—Levina Dietrichson has been appointed registrar of the Nurses' Club, succeeding Stella Mathews, who expects to sail for Poland. Erna Kowalke has been appointed superintendent of the Visiting Nurse Association. She has served on it for several years and spent one year overseas. The Wisconsin Anti-Tuberculosis Association has graduated twelve nurses from its Public Health Nursing course. La Crosse.—Miss J. Mutschman of Chicago has been appointed superintendent of the Lutheran Hospital, succeeding Miss Halverson, who has been married.

BIRTHS

Recently, a son, John Francis, to Mr. and Mrs. Frank Stodola. Mrs. Stodola was Justina Shebestka, class of 1916, Mercy Hospital, Cedar Rapids, Iowa.

On November 6, in Lynn, Mass., a son, to Mr. and Mrs. Ralph Amsden. Mrs. Amsden was Ella Wehner, class of 1917, North Adams Hospital, North Adams, Mass.

On October 14, in Chong Ju, Korea, a son, to Dr. and Mrs. Samuel Pearl Lipton. Mrs. Lipton was Fannie Knorr, class of 1912, Presbyterian Hospital in Philadelphia.

On December 11, in McClellandtown, Pa., a son, James Charles, to Mr. and

Mrs. S. E. Riffle. Mrs. Riffle was Myrtle Riggle, class of 1907, Allegheny General Hospital, Pittsburgh.

On November 23, in North Adams, Mass., a daughter, to Mr. and Mrs. Supernault. Mrs. Supernault was Minnie Blackwell, class of 1915, North Adams Hospital.

On December 21, at Whateley, Mass., a daughter, Elizabeth Mary, to Mr. and Mrs. Homer L. Crafts. Mrs. Crafts was Mary Jones, class of 1910, Cooley Dickinson Hospital, Northampton.

On December 5, a son, James C., to Dr. and Mrs. Edward V. Kennedy. Mrs. Kennedy was Betty Benedict, class of 1918, Long Island College Hospital, Brooklyn, N. Y.

On December 12, at Ford Wayne, Ind., a daughter, Charlotte Marie, to Mr. and Mrs. Louis Krimmel. Mrs. Krimmel was Anna Kugler, class of 1917, Lutheran Hospital, Fort Wayne.

On January 16, in New York, a daughter, to Mr. and Mrs. H. J. Strenli. Mrs. Strenli was Frieda Frinke, class of 1914, Lutheran Hospital, Fort Wayne, Ind.

On February 6, at the Kensington Hospital for Women, Philadelphia, a son, to Mr. and Mrs. Schuchler. Mrs. Schuchler was Kathryn MacManamara, class of 1915 of the same hospital.

Recently, a son, to Mr. and Mrs. Henry Smith. Mrs. Smith was Helene Thelma Johnson, class of 1915, Kensington Hospital for Women, Philadelphia.

On January 24, at Iowa City, Iowa, a daughter, to Dr. and Mrs. Wesley Gatewood. Mrs. Gatewood was Zulema Purcell, class of 1918, Presbyterian Hospital, Chicago.

On January 5, at Portage, Wisconsin, a son, Byron Meacher, to Dr. and Mrs. William Taylor. Mrs. Taylor was Zeta Cooper, class of 1912, Presbyterian Hospital Chicago.

On December 15, in Rock Island, Ill., a son, to Dr. and Mrs. J. C. Souders. Mrs. Souders was Clara Trenkenchoe, graduate of Mercy Hospital, Davenport, Iowa.

On January 9, a daughter, to Mr. and Mrs. Everett Richie. Mrs. Richie was Elizabeth Miller, graduate of Mercy Hospital, Davenport, Iowa.

On November 11, a son, to Mr. and Mrs. R. P. Lonergan. Mrs. Lonergan was Pearl O'Connell, class of 1916, Hahnemann Hospital, Chicago.

On November 24, in Manila, P. I., a son, to Mr. and Mrs. George Thorstensen. Mrs. Thorstensen was Hazel Smith, class of 1910, Hahnemann Hospital, Chicago.

Recently, a daughter, to Mr. and Mrs. Thomas C. Miller. Mrs. Miller was Zelma Ackley, class of 1913, Hahnemann Hospital, Chicago.

Recently, in Canton, Ohio, a daughter to Mr. and Mrs. H. Wright. Mrs. Wright was Josephine Brink, class of 1912, Grace Hospital, Conneaut, Ohio.

MARRIAGES

On August 9, in Shelbourne Falls, Mass., Edith May Forget, class of 1917, North Adams Hospital, North Adams, Mass., to Frederick Carswell. Mr. and Mrs. Carswell will live in Philadelphia.

On January 7, in Harper, Iowa, Dorothy Peiffer, class of 1916, Mercy Hospital, Cedar Rapids, Iowa, to James McGarry. Mr. and Mrs. McGarry will live in Victor, Iowa.

On January 2, Mildred Claire Jones, class of 1917, Presbyterian Hospital, Philadelphia, to George William Putnam. Mr. and Mrs. Putnam will live in Minneapolis.

On January 7, Lena B. Smith, class of 1912, Presbyterian Hospital, Philadelphia, to John E. VanDeusen. Mr. and Mrs. VanDeusen will live in Emmett, Idaho.

On December 27, in Pittsburgh, Mabel Xenia Milton, graduate of Dr. Haskins' Hospital, Wheeling, W. Va., and class of 1912, Boston Floating Hospital, to W. Merritt Jordan. Mr. and Mrs. Jordan will live in Asheville, N. C.

On September 8, in New Britain, Pa., Ethel Louise Malcolm, class of 1915, Episcopal Hospital, Philadelphia, to F. Leonard Sibley. Miss Malcolm was overseas two years with the British Expeditionary Forces.

On January 22, in Roanoke, Va., Mary A. Thomas, class of 1917, Philadelphia General Hospital, Philadelphia, to Camille M. Shaar, M.D. Dr. and Mrs. Shaar will live in Philadelphia.

On December 22, in Baltimore, Md., Estelle Creery, class of 1912, Allegheny General Hospital of Pittsburgh, to William Stone Gleason. Mr. and Mrs. Gleason will live in Johnsonburg, Pa.

On December 22, in Baltimore, Md., Adelle V. Wood, class of 1912, Allegheny General Hospital of Pittsburgh, to Martillus Todd. Captain and Mrs. Todd will live in Baltimore. Miss Wood served overseas with New York Base Hospital No. 9.

On January 20, in Framingham, Mass., Erma I. Carter, class of 1918, Framingham Hospital, to Judon V. Richardson. Mr. and Mrs. Richardson will live in Leominster, Mass.

On December 24, in Marquette, Mich., Elise Nelson, class of 1909, Englewood Hospital, Chicago, to Carl Martin Pearson. Mr. and Mrs. Pearson will live in Marquette.

On January 27, in Baltimore, Md., Frances Bartlett Manning, graduate of Johns Hopkins Hospital, to George Robinson Hazard. Rev. and Mrs. Hazard will live in Manchester, N. H.

Recently, Martha B. Groening, class of 1910, Long Island College Hospital, Brooklyn, to Robert Lumsden Sutherland of Dundas, Ontario.

Recently, Jean McBlain, class of 1914, Long Island College Hospital, Brooklyn, to Dr. Brunno. Dr. and Mrs. Brunno will live in Brooklyn.

On January 28, in Keeseville, N. Y., Ellen V. Kerr, class of 1918, Physicians' Hospital, Plattsburgh, to Earl Beckwith. Mr. and Mrs. Beckwith will live in Morrisonville, N. Y. Miss Kerr served nine months as a Red Cross nurse in France.

On December 19, in Houston, Texas, Edith May Emery, class of 1915, Kensington Hospital for Women, Philadelphia, to Bruce A. Crane. Mr. and Mrs. Crane will live in Houston.

Recently, Edith M. Schwenk, class of 1918, Kensington Hospital for Women, Philadelphia, to Ernest Cheyney, M.D. Dr. and Mrs. Cheyney will live in Madison, Wis.

On November 4, in Fort Wayne, Ind., Bessie Jeffrey, class of 1914, Lutheran Hospital, Fort Wayne, Ind., to W. Merchant. Mr. and Mrs. Merchant will live in Payne, O.

On October 22, Mary Patton, class of 1916, Lutheran Hospital, Fort Wayne, Ind., to E. Arthur Gillium. Mr. and Mrs. Gillium will live in Connersville, Ind.

On November 24, in New York, Louise M. Mohr, class of 1915, Lutheran Hospital, Fort Wayne, Ind., to William G. Gough. Major and Mrs. Gough will live in Helena, Mont.

In December, in Fort Wayne, Ind., Wilda Mae Sutter, class of 1919, Lutheran Hospital, to Alvin Bohne. Mr. and Mrs. Bohne will live in Fort Wayne.

On January 1, in Jasper, Minn., Anna Zarnig, class of 1917, Lutheran Hospital, Fort Wayne, Ind., to Clarence Mohr. Mr. and Mrs. Mohr will live in Akron, O.

On January 21, in Chicago, Dorothea Dean, class of 1918, Jane McAlister Hospital, Waukegan, Ill., to Bradford Foote. Mr. and Mrs. Foote will live in Oak Park, Ill.

On January 20, in Chicago, Grace Welsh, graduate of Wesley Memorial Hospital, Chicago, to Howard C. Larson. Mr. and Mrs. Larson will live in Malta, Ill.

On January 3, Alice Gordon Fay, graduate of the Utica State Hospital and of the New York Polyclinic, to Thomas E. Dockery. Mr. and Mrs. Dockery will live in Lockport, N. Y.

On January 15, at Waterloo, Iowa, Alice C. Beatle, class of 1904, Illinois Training School, Chicago, to Frederick W. Cobb. Mr. and Mrs. Cobb will live in Reedley, Calif. Miss Beatle was formerly superintendent of nurses at the Homeopathic Hospital, Iowa City, and later, registrar of the Central Directory in Cleveland. She went to Austria in charge of one of the first Red Cross Units and later served as chief nurse at several of the army camps in this country.

On January 17, in Chicago, Ellen Abrahamson class of 1915, Presbyterian Hospital, to Theodore Post. Mr. and Mrs. Post will live in Chicago.

On February 7, in Chicago, Marie Brickson, class of 1919, Presbyterian Hospital, to Ben Davis, M.D. Dr. and Mrs. Davis will live in Duluth, Minn.

On February 7, in Chicago, Martha Burkhalter, class of 1920, Presbyterian Hospital, to Lynn McBride, M.D. Dr. and Mrs. McBride will live in Chicago.

On February 7, in Evanston, Ill., Evelyn E. Obear, class of 1915, Mercy Hospital, to Edward Franklin Thompson. Mr. and Mrs. Thompson will live in Cleveland.

Recently, in Chicago, Astrid B. Sand, class of 1908, Norwegian-American Hospital, to Roland W. Estey. Mr. and Mrs. Estey will live in Chicago.

Recently, in El Paso, Texas, Emma Falkenberg, class of 1910, Englewood Hospital, to A. E. Ingraham. Mr. and Mrs. Ingraham will live in El Paso.

Recently, in New Orleans, Ione E. Stevenson, class of 1916, Children's Memorial Hospital, Chicago, to Clarence A. Lamb. Mr. and Mrs. Lamb will live in New Orleans.

On January 28, in Chicago, Ethelyn Halverson, class of 1911, Presbyterian Hospital, to John A. Molstat. Miss Halverson was superintendent of the Lutheran Hospital, La Crosse, Wis. Rev. and Mrs. Molstat will live in Chicago.

On December 3, at Waukesha, Wis., Ida M. Stickels, class of 1915, Wisconsin Training School, Mendota, Wis., to Peter C. Swartz. Mr. and Mrs. Swartz will live in Waukesha.

On November 30, B. Sylvia Broughton, class of 1916, Hahnemann Hospital, Chicago, to Hiram Wilson.

On January 21, Silvie M. Misener, class of 1912, Hahnemann Hospital, Chicago, to Charles Taft.

Recently, Elizabeth Raycroft, class of 1902, Hahnemann Hospital, Chicago, to George E. Greene.

On November 18, in Iowa City, Iowa, Angela Gough, class of 1918, Mercy Hospital, Davenport, to Walter Wiebler. Mr. and Mrs. Wiebler will live in Fort Madison, Iowa.

On October 9, in Davenport, Iowa, Ella Horst, class of 1911, Mercy Hospital, to Everette Norcross. Mr. and Mrs. Norcross will live in Minneapolis.

On January 24, in Des Moines, Iowa, Mary Scott, class of 1894, Indianapolis City Hospital, to B. F. Sutherland. Mr. and Mrs. Sutherland will live in Des Moines.

On December 16, in Paris, France, Gertrude Carolyn Harney, class of 1918, City Hospital, St. Louis, Mo., to Joseph H. Payne. Lieut. and Mrs. Payne will live in Coblenz, Germany.

On January 10, Cecilia Rosalie Schweder, graduate of St. Mary's Hospital, Evansville, Ind., to John Joseph Meany. Mr. and Mrs. Meany will live in Waterloo, Iowa.

On February 7, Gertrude Crabtree, graduate of St. Vincent's Hospital, Birmingham, Ala., to James Morson. Mr. and Mrs. Morson will live in Jackson, Miss.

On December 30, Mary B. Walker, graduate of St. Vincent's Hospital, Birmingham, Ala., to James Foster.

On February 10, in Spillville, Iowa, Stell Klemish, class of 1915, Mercy Hospital, Cedar Rapids, to Benjamin A. Novak.

On August 27, at Camp Lee, Virginia, Marie McLeod, class of 1915, Jewish Hospital, St. Louis, to N. Campbell.

On January 14, in Hampton, Neb., Emma Troester, class of 1918, Lutheran Hospital, St. Louis, to J. Oppliger. Rev. and Mrs. Oppliger will live in St. Louis.

On January 5, Jane Craig, class of 1917, Altoona Hospital, Altoona, Pa., to Claude Walls. Mr. and Mrs. Walls will live in Altoona.

On February 4, Iva Reese, class of 1914, Altoona Hospital, Altoona, Pa., to C. V. Miller. Mr. and Mrs. Miller will live in Lewistown, Tenn.

On January 24, Anna Kulisek, class of 1919, St. Elizabeth Hospital, Youngstown, Ohio, to Stanley Cimitrose. Mr. and Mrs. Cimitrose will live in Youngstown.

DEATHS

In September, in Springfield, Mass., Grace M. Phillips, of Elmira, N. Y., following an operation. Miss Phillips was a graduate of North Adams Hospital, class of 1918.

On October 11, in Adams, Mass., Grace Temple, class of 1914, North Adams Hospital, of typhoid fever.

On June 2, in Pingree, N. D., Mrs. P. Butler, formerly Margaret L. McHugh, class of 1889, Northwestern Hospital, Minneapolis. Miss McHugh did private duty work for many years in Minneapolis, and was a devoted and conscientious nurse, greatly loved by her many patients and friends.

On January 22, at Nopeming Sanitarium, Duluth, Minn., Agnes McInnis, class of 1916, St. Mary's Hospital Training School, Duluth, after an illness of over two years. Miss McInnis bore her illness with wonderful patience and fortitude. She will be well remembered by a large circle of friends and professional associates. For a short time after her graduation Miss McInnis did private duty nursing. She was buried in uniform, and six of her classmates were her pallbearers.

On December 8, Elizabeth Benton of St. Mary's on the Mountain, Sewanee,

On January 26, at Washington Boulevard Hospital, Chicago of pneumonia, following influenza, Mrs. May Ellison Newberry, class of 1916, Illinois Training School. Mrs. Newberry served as a Home Defence nurse in New York during the war. Her loss is deeply felt by many friends.

On January 25, in Brooklyn, N. Y., of cerebral hemorrhage, Catherine E. Van Ingen, class of 1896, Brooklyn Hospital. Miss Van Ingen had done private nursing, had held hospital positions, and during the war served in France as a social service worker. For many years she worked among crippled children for the Brooklyn Bureau of Charities.

On January 13, in Brooklyn, N. Y., Anna Ames Norton, class of 1898, Brooklyn Hospital. Miss Norton has been engaged in private nursing. A year ago she contracted influenza and never recovered her health.

On January 4, at Clarksville, Va., Lizette Peel, class of 1918, Stuart Circle Hospital, Richmond, of burns received while on duty. Miss Peel was ambitious and was much loved by every one.

On February 2, in Chicago, of pneumonia, after a short illness, Gail Thompson, class of 1919 Presbyterian Hospital, Chicago. All who knew Miss Thompson feel her loss deeply.

On January 24, in Chicago, of influenza, Lucile Claussen, a student nurse at the Illinois Training School.

On January 29, in Chicago, of influenza, Julia C. Pryor. Miss Pryor was a student nurse of the Montgomery Memorial Hospital, Charleston, Ill., and was taking her affiliation training at the Illinois Training School.

On February 9, in Racine, Wis., of influenza, Hattie Beltz, class of 1906, Hahnemann Hospital, Chicago.

On December 18, in Newark, N. J., Edith A. Axtelle, class of 1893, Orange Memorial Hospital, Orange. Miss Axtelle was a faithful, conscientious nurse.

Recently, Bertha Weaver, class of 1909, Grace Hospital, Conneaut, Ohio, of influenza and pneumonia.

Recently, Grace Schwacofor, class of 1913, Grace Hospital, Conneaut, Ohio.

BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

APPLIED BACTERIOLOGY FOR NURSES. By Charles F. Bolduan and Maria Grund. Third Edition. Thoroughly revised. W. B. Saunders Company, Philadelphia and London. Price, $1.75.

This very popular and largely used text-book appears now in its third revision. It is written especially for nurses and only enough general bacteriology is introduced to give the correct understanding of the underlying principles. As the World War developed entirely new ideas of the transmission and treatment of many diseases and conditions, so the text-books must be changed to teach the application of this newer knowledge. Thus, much new matter has been added to the present volume, bringing it up to date in every way. The large and active experience of the authors in the bacteriologic work of the New York Health Department makes this an authoritative text-book. It is particularly well written—clear, concise, and definite. There are suggestions for practical demonstrations at the end of each chapter planned for the teacher's use where individual laboratory instruction is not available. The text is well and fully illustrated.

SANITATION FOR PUBLIC HEALTH NURSES (The Fundamentals of Public Health). By Hibbert Winslow Hill. The Macmillan Company, New York. Price, $1.35.

The present volume is the fifth text book in the Public Health Nursing series. As has been elsewhere stated, the authors selected for the writing of these different books are recognized authorities in the special work to be studied. Each volume is complete in itself, and yet is dependent upon the others of the series for a comprehensive understanding of the fundamentals of public health nursing. The first chapter of this book deals with the relation of hygiene, sanitation and public health. In an interesting way the author leads from the broad field of public health to the more circumscribed area of hygiene and sanitation. The fact that all of them are studies in varying degrees in *prevention* of disease and *promotion* of health leads to the final conclusion that "sanitation is the most immediately important subdivision of public health." With this beginning, the chapters follow in logical sequence—Course of an infectious disease; The common infectious diseases; immunity; epidemiology; and then the sources of infection; with a final chapter on vital statistics. The book is written in a most interesting style and with pleasing illustration of the point under discussion.